497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER: Karleskint for City Council 2016

AREA CODE/PHONE NUMBER:

I.D. NUMBER (if applicable): 1387027

STREET ADDRESS: Ln

CITY: Lincoln STATE: CA ZIP CODE: 95648

Date of This Filing:

Report No.:

☐ Amendment to Report No. (explain below)

No. of Pages:

Date Stamp: R CALIFORNIA FORM 497 D

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AUG 29 2016

DG

CITY OF LINCOLN

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
8/29/16	Dan Karleskint Lincoln CA 95648	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	☒ Check if Loan 2000 % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan % Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan % Provide interest rate

Reason for Amendment: Report loan

**Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee