

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)  
8-7-2025

☐ Amendment (Explain Below)  
\_\_\_\_\_  
\_\_\_\_\_

Date Stamp  
**RECEIVED**  
AUG 07 2025  
CITY OF LINCOLN

CALIFORNIA  
FORM **470**

For Official Use Only

1. Statement Covers Calendar Year 20 25.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Ben Brown

STREET ADDRESS

[REDACTED]

CITY

Lincoln

STATE

CA

ZIP CODE

95648

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Mayor Pro Temp

JURISDICTION (LOCATION)

City of Lincoln

DISTRICT NUMBER  
(IF APPLICABLE)

2

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

N/A

N/A

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

8/7/2025  
DATE

By

Ben Brown

SIGNATURE OF OFFICEHOLDER OR CANDIDATE