Officeholder and Candidate Campaign Statement – Short Form

Date of election if applicable: (Month, Day, Year)	☐ Amendment (Explain Below)	Date Stamp	CALIFORNIA FORM 470
11/3/2026		RECEIVED JUL 20 2026 CITY OF LINCOLN	For Official Use Only

1. Statement Covers Calendar Year 20 2026.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE: Holly Andreatta

STREET ADDRESS: [redacted]

CITY: Lincoln | STATE: ca | ZIP CODE: 95648

AREA CODE/DAYTIME PHONE NUMBER: [redacted] | OPTIONAL: FAX / E-MAIL ADDRESS:

3. Office Sought or Held

OFFICE SOUGHT OR HELD: Lincoln City Council

JURISDICTION (LOCATION): City of Lincoln | DISTRICT NUMBER (IF APPLICABLE): 1

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
Holly Andreatta for Lincoln City Council 2026 #1462332	[redacted]	Holly Andreatta

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 Holly Andreatta
DATE July 20, 2026

By [redacted]

Officeholder and Candidate Campaign Statement Form 470 Supplement

☐ **Amendment** (Explain Below)

Date Stamp

RECEIVED
AUG 03 2026
CITY OF LINCOLN

CALIFORNIA FORM **470** SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling $2,000 or more or has made expenditures of $2,000 or more during the calendar year.

1. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE
Holly Andreatta #1462332

STREET ADDRESS
[redacted]

CITY STATE ZIP CODE

[redacted]
AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS

2. Office Sought

OFFICE SOUGHT
Lincoln City Council

DISTRICT NUMBER (IF APPLICABLE) 1

DATE OF ELECTION (MONTH, DAY, YEAR)
11/3/2026

3. Date Contributions Totaling $2,000 or More Were Received or Date Expenditures of $2,000 or More Were Made

7/27/2026
(MONTH, DAY, YEAR)