

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>Citizens for Wade Harper for Antioch Mayor 2016</b>			Date of This Filing <u>10/22/2016</u>	RECEIVED	Date Stamp <b>OCT 24 2016</b>	<b>CALIFORNIA FORM 497</b>
AREA CODE/PHONE NUMBER <b>(925) 437-4300</b>	I.D. NUMBER (if applicable) <b>1373658</b>		Report No. <u>3</u>		For Official Use Only	
STREET ADDRESS <b>1007 Stonecrest Drive</b>			<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		ORIGINAL	
CITY <b>Antioch</b>	STATE <b>CA</b>	ZIP CODE <b>94531</b>	No. of Pages <u>1</u>	<b>CITY OF ANTIOCH CITY CLERK</b>		

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/21/2016	District Council of Iron Workers Political Action League I.D. No 831693 1860 San Pablo Ave, Suite C Pinole, CA 94564	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		<b>\$1000</b>  <input type="checkbox"/> Check if Loan  _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  _____% <small>Provide interest rate</small>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  _____% <small>Provide interest rate</small>

**\*\*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

Reason for Amendment: \_\_\_\_\_