

# 497 Contribution Report

Amounts may be rounded to whole dollars

## RECEIVED

Date Stamp

OCT 14 2016

497

CALIFORNIA FORM

For Official Use Only

ORIG

CITY OF ANTIOCH  
CITY CLERK

NAME OF FILER  
Ken Turnabel Jr FOR Antioch City Council 2016

AREA CODE/PHONE NUMBER  
925-754-5232

I.D. NUMBER (if applicable)  
1386585

STREET ADDRESS  
5056 BOYLE WAY

CITY STATE ZIP CODE  
Antioch CA 94531

Date of This Filing 10-14-16

Report No. 4

Amendment to Report No. \_\_\_\_\_ (explain below)

No. of Pages 1

### 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
<u>10-14-16</u>	<u>CALIFORNIA ASSOCIATION OF REALTORS</u>	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$1,500.</u> <input type="checkbox"/> Check if Loan _____% Provide interest rate
		<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 _____% Provide interest rate
		<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 _____% Provide interest rate

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

**\*\*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