


# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Monica Wilson for Antioch City Council- 2016		Date of This Filing <u>09/15/2016</u>	Date Stamp	CALIFORNIA FORM <b>497</b> For Official Use Only
AREA CODE/PHONE NUMBER 818 521-6270	I.D. NUMBER (if applicable) 1344190	Report No. <u>2</u>	SEP 15 2016	
STREET ADDRESS 4200 Raphael Court		<input type="checkbox"/> Amendment to Report No. <u>N/A</u> (explain below)	CITY OF ANTIOCH CITY CLERK	
CITY Antioch	STATE CA	ZIP CODE 94509		

## 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
09/14/2016	I.B.E.W. 302 Community Candidates PAC Small Contributor Committee Id. 1300752 1875 Arnold Drive Martinez, CA 94533	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00 <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