

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Leadership For Antioch - Sean Wright for Mayor ²⁰¹⁶		Date of This Filing 10/12/16	Date Stamp RECEIVED OCT 13 REC'D CITY OF ANTIOCH CITY CLERK	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (925) 757-3309	I.D. NUMBER (if applicable) 1384338	Report No. 4		
STREET ADDRESS 3432 Hillcrest Ave, Ste. 200		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Antioch, CA	STATE CA	ZIP CODE 94531	No. of Pages 1	

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
10/12/16	Iris Archuleta 1883 Mount Conness Way Antioch, CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consulting EMC Consulting	$\frac{1}{12} \times 600 + 400 = \1000 <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

****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: _____