

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <i>Mary Roche</i>		Date of This Filing <i>9/26/2016</i>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER <i>925/754-1126</i>	I.D. NUMBER (if applicable) <i>1385761</i>	Report No. <i>5</i>	RECEIVED NOV 01 REC'D CITY OF ANTIOCH CITY CLERK	
STREET ADDRESS <i>3022 Rio Grande Dr</i>		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <i>Antioch</i>	STATE <i>Ca</i>	ZIP CODE <i>94509</i>		

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
<i>9/26/2016</i>	<i>APD #1323423 P.O. Box 39 Antioch Ca 94509</i>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>1,000</i> <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: _____