


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Joyann Motts		Date of This Filing 09/28/18	Date Stamp RECEIVED SEP 28 2018 CITY OF ANTIOCH CITY CLERK	CALIFORNIA FORM 497 For Official Use Only  ORIGINAL
AREA CODE/PHONE NUMBER 925-813-0036	I.D. NUMBER (if applicable) 1403090	Report No. /		
STREET ADDRESS 419 W. 5th Street		<input type="checkbox"/> Amendment to Report No. (explain below)		
CITY Antioch	STATE Ca	ZIP CODE 94509	No. of Pages /	

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
09/27/18	East Cypress Partners, LLC 3820 Blackhawk Road Danville, Ca. 94506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" 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