

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497		Date Stamp
NAME OF FILER Tony Tiscareno for City Council 2018		RECEIVED
AREA CODE/PHONE NUMBER 925-234-3639	I.D. NUMBER (if applicable) 1406463	SEP 11 2018
STREET ADDRESS 614 Putnam St		CITY OF ANTIOCH
CITY Antioch	STATE CA	CITY CLERK
	ZIP CODE 94509	
Date of This Filing 09/11/2018		
Report No. 2		
<input type="checkbox"/> Amendment to Report No. (explain below)		
No. of Pages 2		

ORIGINAL

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
09/10/2018	Heat & Frost Insulators & Allied Workers Local 16 3801 Park Rd Benicia CA 94510 ID# 1250907	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		500 <input type="checkbox"/> Check if Loan Provide interest rate _____%
09/10/2018	IAM Lodge 1414 150 South Bend Rd San Mateo CA 94402	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		200 <input type="checkbox"/> Check if Loan Provide interest rate _____%
09/10/2018	Lucia & Monte Albers PO Box 458 Brentwood CA 94513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	East LME Group LLC	500 <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: _____

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497 For Official Use Only		Date Stamp RECEIVED SEP 11 2018 CITY OF ANTIOCH CITY CLERK
NAME OF FILER Tony Tiscareno for City Council 2018		
AREA CODE/PHONE NUMBER 925-234-3639	I.D. NUMBER (if applicable) 1406463	Date of This Filing 09/11/2018
STREET ADDRESS 614 Putnam St		Report No. 2
CITY Antioch	STATE CA	<input type="checkbox"/> Amendment to Report No. (explain below)
	ZIP CODE 94509	No. of Pages 2

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
09/10/2018	East LME Group LLC PO Box 458 Brentwood CA 94513	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 <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: _____