



497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Yes on Measure W	Date of This Filing 10/16/2018	California Form 497 For Official Use Only	
AREA CODE/PHONE NUMBER 925-757-3309	Report No. 2		
I.D. NUMBER (if applicable) 1412123	<input type="checkbox"/> Amendment to Report No. (explain below)		
STREET ADDRESS 3432 Hillcrest Ave, Ste 200	No. of Pages 1		
CITY Antioch	STATE CA		
ZIP CODE 94531			

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
10/16	Richland Management, Inc. 3161 Michelson Drive, Ste 425 Irvine, CA 92612 ID#1253529	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000.00 <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 _____%

****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: _____