

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497 For Official Use Only	
NAME OF FILER Tony Tiscareno for City Council 2018	Date Stamp RECEIVED SEP 26 2018 CITY OF ANTIOCH CITY CLERK
AREA CODE/PHONE NUMBER 925-234-3639	Date of This Filing 09/26/2018 Report No. 3
STREET ADDRESS 614 Putnam St Antioch	<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1
ID. NUMBER (if applicable) 1406463	
STATE CA ZIP CODE 94509	

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/26/2018	Antioch Police Officers Association PO BOX 39 Antioch CA 94509 ID# 1323423	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		2500 <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: _____