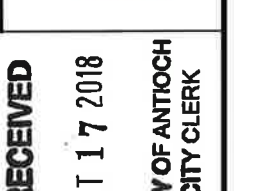



497 Contribution Report

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. 3		RECEIVED 	
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
10/17/18	GBN Partners, LLC 3820 Blackhawk Rd Danville, CA 94506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00 <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: _____