

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> Tony Tiscareno for City Council 2018	<b>DATE OF THIS FILING</b> 10/12/2018	<b>DATE STAMP</b> <b>RECEIVED</b> OCT 12 2018 CITY OF ANTIOCH CITY CLERK	<b>CALIFORNIA FORM 497</b> For Official Use Only 
<b>AREA CODE/PHONE NUMBER</b> 925-234-3639	<b>REPORT NO.</b> 4	<b>AMENDMENT TO REPORT NO.</b> (explain below)	
<b>STREET ADDRESS</b> 614 Putnam St Antioch	<b>STATE</b> CA	<b>ZIP CODE</b> 94509	<b>NO. OF PAGES</b> 1

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/11/2018	IUPAT -Political Action Together Political Committee 7234 Parkway Dr. Hanover MD 21076 ID# 1242103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		1500  <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 \_\_\_\_\_