

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>CALIFORNIA FORM 497</b>		For Official Use Only
<b>RECEIVED</b>		<b>ORIGINAL</b>
Date Stamp		OCT 18 2018
Date of This Filing <u>10/18/2018</u>		CITY OF ANTIOCH CITY CLERK
Report No. <u>4</u>		
<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
No. of Pages <u>1</u>		
NAME OF FILER <b>Yes on Measure W</b>		
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable)	
<b>925-757-3309</b>	<b>1412123</b>	
STREET ADDRESS		
<b>3432 Hillcrest Ave, Ste 200</b>		
CITY	STATE	ZIP CODE
<b>Antioch</b>	<b>CA</b>	<b>94531</b>

## 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
10/17/18	Pacific Advisory Coalition PAC 18500 N Allied Way Phoenix, AZ 85054	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00 <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: \_\_\_\_\_