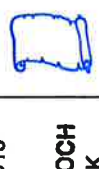


# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>CALIFORNIA FORM 497</b> For Official Use Only	
<b>NAME OF FILER</b> Yes on Measure W AREA CODE/PHONE NUMBER 925-757-3309 STREET ADDRESS 3432 Hillcrest Ave, Ste 200 CITY Antioch	Date Stamp <b>RECEIVED</b> OCT 22 2018 CITY OF ANTIOCH CITY CLERK
Date of This Filing 10/22/2018 Report No. 5 <input type="checkbox"/> Amendment to Report No. (explain below) No. of Pages 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
10/22/18	Richland Investments, LLC 3161 Michelson Drive, Ste 425 Irvine, CA 92612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00 <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: \_\_\_\_\_