


497 Contribution Report

Amounts may be rounded to whole dollars.

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|--|---|--|---|
| NAME OF FILER Yes on Measure W | Date of This Filing 10/25/2018 | Date Stamp RECEIVED OCT 25 2018 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 925-757-3309 | I.D. NUMBER (if applicable) 1412123 | Report No. 6 |  |
| STREET ADDRESS 3432 Hillcrest Ave, Ste 200 | STATE CA ZIP CODE 94531 | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY Antioch | No. of Pages 1 | CITY OF ANTIOCH CITY CLERK | |

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 |
|---------------|---|---|---|---|
| 10/25/18 | Antioch Police Officers Association Political Action Committee PO Box 39 Antioch, CA 94509 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input 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: _____