

497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM 497 For Official Use Only		Date Stamp RECEIVED OCT 29 2018 CITY OF ANTIOCH CITY CLERK
NAME OF FILER Yes on Measure W		
AREA CODE/PHONE NUMBER 925-757-3309	I.D. NUMBER (if applicable) 1412123	Date of This Filing 10/29/2018
STREET ADDRESS 3432 Hillcrest Ave, Ste 200		Report No. 7
CITY Antioch	STATE CA	<input type="checkbox"/> Amendment to Report No. _____ (explain below)
	ZIP CODE 94531	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
10/29/18	Century Communities, Inc. 8390 E Crescent Parkway, Ste 650 Greenwood Village, CO 80111	<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: _____