


497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Residents for Fairness Yes on Measure O		DATE 10-12-2014	
AREA CODE/PHONE NUMBER 925-754-4468	I.D. NUMBER (if applicable) 1370750	Report No. <u>3</u>	Date Stamp RECEIVED OCT 13 2014 CITY OF ANTIOCH CITY CLERK
STREET ADDRESS 3036 South Apple Court		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	
CITY Antioch	STATE CA	No. of Pages <u>1</u>	
ZIP CODE 94509			

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--10-2014	I.B.E.W. Community Issues PAC#1242004 1875 Arnold Drive Martinez, CA 94553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3,000.00 <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: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Residents for Fairness Yes on Measure O AREA CODE/PHONE NUMBER 925-754-4468 STREET ADDRESS 3036 South Apple Court CITY Antioch	I.D. NUMBER (if applicable) 1370750 STATE CA ZIP CODE 94509	Date Stamp RECEIVED OCT 13 2014 CITY OF ANTIOCH CITY CLERK	CALIFORNIA FORM For Official Use Only 497
--	--	---	---

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10-9-2024	Plumbers Industry Consumer Protection Fund United Association Local No. 159 1308 Roman Way Martinez, CA 94553	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	1,500 <input type="checkbox"/> Check if Loan _____% Provide interest rate	1,500 <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"/> 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: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Residents for Fairness Yes on Measure O		Date Stamp RECEIVED OCT 06 2014 CITY OF ANTIOCH CITY CLERK	
AREA CODE/PHONE NUMBER 925-754-4468	I.D. NUMBER (if applicable) 13707050	Date of This Filing 10-6-2014	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS 3036 South Apple Court	STATE CA	Report No. / <input type="checkbox"/> Amendment to Report No. (explain below)	
CITY Antioch	ZIP CODE 94509	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
9/29/2014	U.A. Local Union #432 935 Detroit Avenue Concord, CA 94520	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500 <input type="checkbox"/> Check if Loan Provide interest rate _____%
9-30-2014	GBN Partnership LLC 3820 Blackhawk Road Danville, CA 94506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 <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: _____