

497 Contribution Report

Amounts may be rounded to whole dollars.

RECEIVED

NAME OF FILER Citizens for Wade Harper for Antioch Mayor 2016			Date of This Filing 10/22/2016	RECEIVED OCT 21 2016 CITY OF ANTIOCH CITY CLERK	CALIFORNIA FORM 497 For Official Use Only ORIGINAL
AREA CODE/PHONE NUMBER (925) 437-4300	I.D. NUMBER (if applicable) 1373658		Report No. 4		
STREET ADDRESS 1007 Stonecrest Drive			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Antioch	STATE CA	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
10/21/2016	Iron Workers Union Local No. 378 3120 Bayshore Road Benicia, CA 94510	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1000 <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

Reason for Amendment: _____

****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