


497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Men Turnage II For Antioch City Council		Date of This Filing 8-11-16	RECEIVE Date Stamp AUG 11 2016 CITY OF ANTIOCH CITY CLERK	CALIFORNIA FORM 497 For Official Use Only  ORIGINAL
AREA CODE/PHONE NUMBER 925-280-0400	I.D. NUMBER (if applicable) 1386585	Report No. 1		
STREET ADDRESS 5056 BOYLE WAY		<input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 1		
CITY Antioch	STATE CA.		ZIP CODE 94531	

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
8-10-16	GLORIA MARTIN 3509 DAVI PL. ANTIOCH, CA. 94509	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 1,500. ⁰⁰ <input type="checkbox"/> Check if Loan _____% Provide interest rate
8-10-16	MICHAEL LIPPI77 808 Glen Rd. Danville, CA. 94526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 1,000 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

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