

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER Brentwood Police Officers Association		Date of This Filing <u>9/28/18</u>	Date Stamp City of Brentwood SEP 28 REC'D City Clerk	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 925-634-6911	I.D. NUMBER (if applicable) 1292054	Report No. _____		
STREET ADDRESS 9100 Brentwood Blvd.		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Brentwood	STATE CA	ZIP CODE 94513	No. of Pages <u>1</u>	

2. Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION <small>(IF APPLICABLE)</small>
9/28/18	Joel Bryant for Council 2018	Joel Bryant, Brentwood City Council	\$5,000	11/6/18
9/28/18	Olga Vidriales for Brentwood City Council 2018	Olga Vidriales, Brentwood City Council	\$5,000	11/6/18

Reason for Amendment: _____
