

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Terrence for Newark City Council 2024		Date of This Filing 08/28/2024	Date Stamp	<div style="border: 2px solid black; padding: 5px; color: red; font-weight: bold;"> E-Filed 08/28/2024 04:23:54 Filing ID: 211996875 </div>	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (510)936-3670	I.D. NUMBER (if applicable) 1469470	Report No. 16			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)			
CITY Newark	STATE CA	ZIP CODE 94560	No. of Pages 1		

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
08/27/2024	Terrence Grindall Newark, CA 94560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Planner Town of Portola Valley Hayward Unified School District	2,200.00
		<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: _____