

**Statement of Organization
Recipient Committee**

Statement Type

☐ Initial

☒ Not yet qualified
or

☐ Date qualification threshold met

☐ Amendment

Date qualification threshold met

☐ Termination – See Part 5

Date of termination

RECEIVED
MAY 13 2024
CITY CLERK

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information		I.D. Number (if applicable)		2. Treasurer and Other Principal Officers			
NAME OF COMMITTEE				NAME OF TREASURER			
Terrence Grindall for Newark City Council 2024				Terrence Grindall			
STREET ADDRESS (NO P.O. BOX)				CITY		STATE	ZIP CODE
				Newark		CA	94560
STREET ADDRESS (NO P.O. BOX)				EMAIL ADDRESS OF TREASURER (REQUIRED)			
CITY				STATE		ZIP CODE	AREA CODE/PHONE
Newark				CA		94560	
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY			
E-MAIL ADDRESS OF COMMITTEE (REQUIRED) / FAX (OPTIONAL)				STREET ADDRESS (NO P.O. BOX)			
				CITY		STATE	ZIP CODE
COUNTY OF DOMICILE		JURISDICTION WHERE COMMITTEE IS ACTIVE		EMAIL ADDRESS OF ASSISTANT TREASURER (REQUIRED)			
Alameda		City of Newark		AREA CODE/PHONE			
Attach additional information on appropriately labeled continuation sheets.				NAME OF PRINCIPAL OFFICER(S)			
				Terrence Grindall			
				STREET ADDRESS (NO P.O. BOX)		CITY	STATE
						Newark	CA
				ZIP CODE		94560	
				EMAIL ADDRESS OF PRINCIPAL OFFICER(S) (REQUIRED)			

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

5-10-24

By

[Redacted Signature]

TREASURER

Executed on

5-10-24

By

[Redacted Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

[Redacted Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

[Redacted Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (October/2023)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

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COMMITTEE NAME

Terrence Grindall for Newark City Council 2024

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.

NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS

BMO

AREA CODE/PHONE

BANK ACCOUNT NUMBER

ADDRESS OF FINANCIAL INSTITUTION

CITY

STATE

ZIP CODE

Newark

CA

94560

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan." Stating "No party preference" is acceptable.
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY CHECK ONE		
Terrence Grindall	Newark City Council	2024	Nonpartisan <input checked="" type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)
			Nonpartisan <input type="checkbox"/>	Partisan <input type="checkbox"/>	(list political party below)

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) IF A RECALL, STATE "RECALL" IN FRONT OF THE OFFICEHOLDER'S NAME.	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>