497 Contribution Report

Amounts may be rounded to whole dollars.

CALIFORNIA FORM	**497**

NAME OF FILER
Terrence for Newark City Council 2024

Date of This Filing ___09/26/2024___

Date Stamp

For Official Use Only

AREA CODE/PHONE NUMBER
(510)936-3670

I.D. NUMBER *(if applicable)*
1469470

Report No. 18

E-Filed
09/26/2024
16:29:33

Filing ID:
212185840

STREET ADDRESS

☐ **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 (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
09/26/2024	Terrence Grindall Newark, CA 94560	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		2,000.00 ☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ Check if Loan _____% Provide interest rate
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		☐ 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: _____

www.netfile.com