

**Statement of Organization  
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination – See Part 5
<input checked="" type="radio"/> Not yet qualified or <input type="radio"/> Date qualification threshold met	Date qualification threshold met	Date of termination
____/____/____	____/____/____	____/____/____

Date Stamp  
**RECEIVED**  
MAY 13 2024  
CITY CLERK

**CALIFORNIA FORM 410**  
For Official Use Only

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

**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] TREASURER

Executed on 5-10-24 By [REDACTED] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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INSTRUCTIONS ON REVERSE

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<b>COMMITTEE NAME</b> Terrence Grindall for Newark City Council 2024	<b>I.D. NUMBER</b>
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**All committees must list the financial institution where the campaign bank account is located and the person(s) authorized to obtain bank records.**

<b>NAME OF FINANCIAL INSTITUTION AND PERSON(S) AUTHORIZED TO OBTAIN BANK RECORDS</b> BMO	<b>AREA CODE/PHONE</b> [REDACTED]	<b>BANK ACCOUNT NUMBER</b> [REDACTED]	
<b>ADDRESS OF FINANCIAL INSTITUTION</b> [REDACTED]	<b>CITY</b> Newark	<b>STATE</b> CA	<b>ZIP CODE</b> 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		
			Nonpartisan	Partisan	(list political party below)
Terrence Grindall	Newark City Council	2024	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>