

497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

NAME OF FILER Re-Elect Michael Hannon Mayor for Newark 2024			Date of This Filing 08/26/2024  Report No. 1  <input type="checkbox"/> Amendment to Report No. _____ (explain below)  No. of Pages 1	Date Stamp  <div>E-Filed 08/26/2024 10:42:18  Filing ID: 211982571</div>	CALIFORNIA FORM 497  For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1473255				
STREET ADDRESS					
CITY Newark	STATE CA	ZIP CODE 94560			

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
08/26/2024	Michael Hannon Newark, CA 94560	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,500.00  <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
		<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: \_\_\_\_\_  
\_\_\_\_\_