

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER McGrath for Hayward City Council 2016		Date of This Filing <u>5/22/16</u>	Date Stamp	CALIFORNIA FORM 497 For Official Use Only 05/23/16 08:51 CLK
AREA CODE/PHONE NUMBER 925-550-4406	I.D. NUMBER (if applicable) 1382505	Report No. <u>6</u>		
STREET ADDRESS CITY STATE ZIP CODE Hayward CA 94541		<input type="checkbox"/> Amendment to Report No. _____ (explain below)	No. of Pages <u>1</u>	

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
5/21/16	International Brotherhood of Electrical Workers Loca 595 PAC ID# 1273532 6250 Village Prkway Dublin CA 94568	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1336.00 <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: _____