

# 497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER <b>McGrath For Hayward City Council 2016</b>		Date of This Filing <u>4/8/16</u>	Date Stamp	<b>CALIFORNIA FORM 497</b> For Official Use Only  <span style="font-size: 1.2em;">04/08/16 12:19 CLK</span>
AREA CODE/PHONE NUMBER <b>925-550-4406</b>	I.D. NUMBER (if applicable) <b>1382505</b>	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY <b>Hayward</b>	STATE <b>CA</b>	ZIP CODE <b>94541</b>	No. of Pages _____	

## 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
4/8/16	Construction & General Laborers Local Union 304 PAC ID # #902565 555 Capitol Mall Suite 1425 Sacramento CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1295.00  <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

Reason for Amendment: \_\_\_\_\_

**\*\*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