497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER McGrath For Hayward City Council 2016	**Date of This Filing** 4/27/16

CALIFORNIA FORM 497

AREA CODE/PHONE NUMBER	I.D. NUMBER *(if applicable)*
925-550-4406	1382505

Report No. 2

For Official Use Only

STREET ADDRESS
. . ...

☐ Amendment to Report No. _____ (explain below)

Date Stamp 04/27/16 11:40 CLK

CITY	STATE	ZIP CODE
Hayward	CA	94541

No. of Pages _____

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
4/26/16	UNITY PAC Alameda Labor Council FPPC 1294190 100 Hegenberger Road Suite 150 Oakland Ca 94621	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		1000.00 ☐ 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: _____