



# HAYWARD Committee Disclosure Statement Declaration

Please Check One:

This is an Initial declaration

This is an Amendment of an existing declaration (see page 6)

This is a termination

DATE: 6/3/14

06/07/16 08:47 CLK

Part 1: Committee Information	
<b>Committee Name:</b> Hayward Police Officers' Political Action Committee	
<b>ID Number:</b> 940789	<b>Phone Number:</b> (916) 442-2952
<b>Address: (Street)</b> 555 Capitol Mall, Suite 1425	<b>(City)</b> Sacramento
<b>(State)</b> CA	<b>(Zip)</b> 95814

Part 2: Information of Affiliated Candidates	
<b>Candidate 1- Name:</b>	
<b>Position:</b>	<b>Phone Number:</b>
<b>Address: (Street)</b>	<b>(City)</b>
<b>(State)</b>	<b>(Zip)</b>
<b>Candidate 2- Name:</b>	
<b>Position:</b>	<b>Phone Number:</b>
<b>Address: (Street)</b>	<b>(City)</b>
<b>(State)</b>	<b>(Zip)</b>
<b>Candidate 3- Name:</b>	
<b>Position:</b>	<b>Phone Number:</b>
<b>Address: (Street)</b>	<b>(City)</b>
<b>(State)</b>	<b>(Zip)</b>

**Part 3: Treasurer & Principal Officers**

*(If there are more than 2 please add on attached sheet)*

<b>1. Name:</b> Manuel Troche	
<b>Position:</b> Treasurer	<b>Phone Number:</b> (510) 293-7207
<b>Address: (Street)</b> 555 Capitol Mall, Suite 1425	<b>(City)</b> Sacramento
<b>(State)</b> CA	<b>(Zip)</b> 95814
<b>2. Name:</b> James Javier	
<b>Position:</b> President	<b>Phone Number:</b> (510) 293-7207
<b>Address: (Street)</b> 555 Capitol Mall, Suite 1425	<b>(City)</b> Sacramento
<b>(State)</b> CA	<b>(Zip)</b> 95814
<b>3. Name:</b> Ricardo Flores	
<b>Position:</b> Vice President	<b>Phone Number:</b> (510) 293-7207
<b>Address: (Street)</b> 555 Capitol Mall, Suite 1425	<b>(City)</b> Sacramento
<b>(State)</b> CA	<b>(Zip)</b> 95814

**Part 4: Full Name and office sought by each candidate which the committee supports or opposes**

*(Please add on attached sheet if there are more than 2 offices sought. If there are more than 2 please add on attached sheet)*

<b>Candidate 1- Name:</b> Elsa Marquez	
<b>Office:</b> City Council	<b>Phone Number:</b>
<b>Address: (Street)</b> 143 Newhall Street	<b>(City)</b> Hayward
<b>(State)</b> CA	<b>(Zip)</b> 94544
<b>Candidate 2- Name:</b> Matt McGrath	
<b>Position:</b> City Council	<b>Phone Number:</b>
<b>Address: (Street)</b> 1745 Panda Way	<b>(City)</b> Hayward
<b>(State)</b> CA	<b>(Zip)</b> 94541

**Part 3: Treasurer or Principal Officer(s)**

*If there are more than 1, please provide the name of each.*

<b>1. Name:</b>	
<b>Position:</b>	<b>Phone Number:</b>
<b>Address: (Street)</b>	<b>(City)</b>
<b>(State)</b>	<b>(Zip)</b>
<b>2. Name:</b>	
<b>Position:</b>	<b>Phone Number:</b>
<b>Address: (Street)</b>	<b>(City)</b>
<b>(State)</b>	<b>(Zip)</b>
<b>3. Name:</b>	
<b>Position:</b>	<b>Phone Number:</b>
<b>Address: (Street)</b>	<b>(City)</b>
<b>(State)</b>	<b>(Zip)</b>

**Part 4: Full Name and office sought by each candidate which the committee supports or opposes.**

*Please refer to 4b if you are supporting a ballot measure. If there are more than 2, please add on attached sheet.*

<b>Candidate 1- Name:</b> Al Mendall	
<b>Office:</b> City Council	<b>Phone Number:</b>
<b>Address: (Street)</b> 30232 Brookside Lane	<b>(City)</b> Hayward
<b>(State)</b> CA	<b>(Zip)</b> 94544
<b>Candidate 2- Name:</b> Francisco Zermeno	
<b>Position:</b> City Council	<b>Phone Number:</b>
<b>Address: (Street)</b> 2247 Sleepy Hollow Avenue	<b>(City)</b> Hayward
<b>(State)</b> CA	<b>(Zip)</b> 94545

Part 4b: Ballot measure name and ballot number which the committee supports or opposes	
<b>Ballot Measure 1- Title:</b>	
<b>Ballot Number:</b>	
<b>Ballot Measure 2- Title:</b>	
<b>Ballot Number:</b>	
<b>Ballot Measure 3- Title:</b>	
<b>Ballot Number:</b>	

**Part 5: (please check one)** Is the committee -  **Controlled \*** (or acts jointly) or  **Independent**

*\* If it is Controlled or Acts Jointly fill out 5b, if not skip to 6*

Part 5b: Committee or Candidate Affiliation Information *	
<i>Enter the name of each and only one committee or candidate which the committee is controlled or with which it acts jointly.</i>	
<b>Committee or Candidate Name:</b>	
<b>Committee or Candidate Name:</b>	
<b>Committee or Candidate Name:</b>	

Part 6: Identify any sponsoring entity and/or parent corporations *	
<i>Enter the name, address, city, state, and zip of each sponsoring entity and/or parent corporation.</i>	
<b>Name:</b> Hayward Police Officers Association	
<b>Address: (Street)</b> 555 Capitol Mall, Suite 1425	<b>(City)</b> Sacramento
<b>(State)</b> CA	<b>(Zip)</b> 95814
<b>Name:</b>	
<b>Address: (Street)</b>	<b>(City)</b>
<b>(State)</b>	<b>(Zip)</b>

Part 7: Top 4 contributors who have contributed over \$1,000 to the committee			
Name	City	State	Cumulative Amount Contributed
1.			
2.			
3.			
4.			

Part 8: The disposition of surplus funds which will be made in the event of dissolution
In the event of dissolution, funds will be disposed of in compliance with state law.

Part 9: The account number and name of the bank at which the campaign checking account is maintained	
<i>If this information is unavailable, please submit an affidavit to the same effect.</i>	
(Bank Name) Wells Fargo Bank	(Account Number) 2476576760

Part 10: Cash on hand at time of filing: \$ 19328.25

Part 11: Does the committee accept the 'Voluntary Expenditure Limitations' set forth in Article 13, Section 2-13.02 of the City of Hayward's Municipal Code?       YES       NO

**PLEASE NOTE: A committee must file an amended statement of organization within ten days of any change to the information requirement of this statement of organization.**

**By signing this document I declare the information within is true and correct.**

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

***\*\* Pages 6 - 8 are the 'Committee Disclosure Statement Update Form', do not fill them out if this is the initial declaration \*\****

**END of Committee Disclosure Statement Declaration**

PLEASE NOTE: A committee must file an amended statement of organization within ten days of any change to the information requirement of this statement of organization.

By signing this document I declare the information within is true and correct.

TITLE: President

SIGNATURE:  \_\_\_\_\_

DATE: 06-03-16

**\*\* Pages 6 - 8 are the 'Committee Disclosure Statement Update Form', do not fill them out if this is the initial declaration \*\***

END of Committee Disclosure Statement Declaration