



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: 4/14/2016

04/15/16 11:45 CLK

Part 1: Committee Information	
Committee Name: Hayward Firefighters Political Action Committee	
ID Number: 880080	Phone Number: (510) 885-1909
Address: (Street) 22734 Main Street	(City) Hayward
(State) CA	(Zip) 94541

Part 2: Information of Affiliated Candidates	
<i>If there are more than 3 please add on attached sheet</i>	
Candidate 1- Name:	
Position:	Phone Number:
Address: (Street)	(City)
(State)	(Zip)
Candidate 2- Name:	
Position:	Phone Number:
Address: (Street)	(City)
(State)	(Zip)
Candidate 3- Name:	
Position:	Phone Number:
Address: (Street)	(City)
(State)	(Zip)

Part 3: Treasurer or Principal Officer(s)	
<i>If there are more than 3, please add on attached sheet.</i>	
1. Name: Warren Fitzgerald	
Position: Treasurer	Phone Number: (805) 459-7684
Address: (Street) 22734 Main Street	(City) Hayward
(State) CA	(Zip) 94541
2. Name: Jeff Dimick	
Position: Assistant Treasurer	Phone Number: (925) 250-3734
Address: (Street) 22734 Main Street	(City) Hayward
(State) CA	(Zip) 94541
3. Name: Andrew Ghall	
Position: President	Phone Number: (925) 525-7100
Address: (Street) 22734 Main Street	(City) Hayward
(State) CA	(Zip) 94541

Part 4a: Full Name and office sought by each candidate which the committee supports or opposes	
<i>Please skip to 4b if you are supporting a ballot measure. If there are more than 2, please add on attached sheet.</i>	
Candidate 1- Name: Elsa Marquez	
Office: City Council	Phone Number:
Address: (Street) 143 Newhall Street	(City) Hayward
(State) CA	(Zip) 94544
Candidate 2- Name: Maif McGrath	
Position: City Council	Phone Number:
Address: (Street) 1745 Panda Way	(City) Hayward
(State) CA	(Zip) 94541

Part 3: Treasurer or Principal Officer(s)

If there are more than 3 please add on attached sheet

1. Name: Tim O'neill	
Position: Vice President	Phone Number: (925) 708-3880
Address: (Street) 22734 Main Street	(City) Hayward
(State) CA	(Zip) 94541
2. Name:	
Position:	Phone Number:
Address: (Street)	(City)
(State)	(Zip)
3. Name:	
Position:	Phone Number:
Address: (Street)	(City)
(State)	(Zip)

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

Please skip to 4b if you are supporting a ball of measure. If there are more than 2 please add on attached sheet

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

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

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>List the name of each candidate or committee by which the committee is controlled or with which it acts jointly.</i>	
Committee or Candidate Name:	
Committee or Candidate Name:	
Committee or Candidate Name:	

Part 6: Identify any sponsoring entity and/or parent corporations	
<i>If more than 2 please add on attached sheets</i>	
Name:	Hayward Firefighters Association
Address: (Street)	22734 Main Street
(State)	CA
(City)	Hayward
(Zip)	94541
Name:	
Address: (Street)	
(State)	
(City)	
(Zip)	

Part 7: Top 4 contributors who have contributed over \$1,000 to the committee

	Name	City	State	Cumulative Amount Contributed
1.	Jeff Dimick	Hayward	CA	\$1,022.03
2.	Warren Fitzgerald	Hayward	CA	\$1,022.03
3.	Andrew Gahli	Hayward	CA	\$1,022.03
4.	Tim O'Neill	Hayward	CA	\$1,022.03

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

If this information is unavailable, please submit an amended statement once such information becomes available.

(Bank Name) US Bank	(Account Number) 1534 0019 6801
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Part 10: Cash on hand at time of filing: \$ 22,342.01

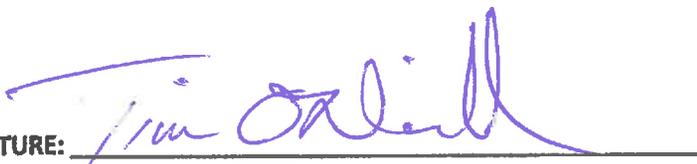
Part 11: Does the committee accept the 'Voluntary Expenditure Limitations' set forth in Article 13, Section 2-13.02 of the

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: Vice - President

SIGNATURE: 

DATE: 4/14/16

**** 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

Committee Disclosure Statement Declaration Amendment

Amendment Part 1: Committee Information	
Committee Name:	
ID Number:	Phone Number:
Address: <i>(Street)</i>	<i>(City)</i>
<i>(State)</i>	<i>(Zip)</i>

Amendment Part 2: Reason for Update
<input type="checkbox"/> A new person qualified as a top 4 contributor.
<input type="checkbox"/> The relative ranking order of the top 4 contributors changed.
<input type="checkbox"/> A person who is an existing top 10 contributor made additional contributions.
<input type="checkbox"/> The reporting committee changed its name to add or delete a ballot measure or candidate.
<input type="checkbox"/> Other (explain)

Amendment Part 3: Top 4 contributors who have contributed over \$1,000 to your committee

Name	City	State	Cumulative Amount Contributed
1.			
2.			
3.			
4.			

PLEASE NOTE: A committee must file an amended statement of organization within ten days of any change to the information requirement of the initial 'Committee Disclosure Statement Declaration' filing.

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

TITLE: _____

SIGNATURE: _____

DATE: _____

End of Document