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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
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NAME OF FILER (LAST) (FIRST) (MIDDLE)

Peixoto, Marvin Francis

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Hayward

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☒ City of Hayward
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☒ **Annual:** The period covered is January 1, 2016, through December 31, 2016

-or-

The period covered is ___/___/___, through December 31, 2016

☐ **Assuming Office:** Date assumed ___/___/___

☐ **Candidate:** Election Year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___
(Check one)

○ The period covered is January 1, 2016, through the date of leaving office.

○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☒ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5.

[redacted]

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/15/2017
(month day year)

Signature Marvin Francis Peixoto
(File the originally signed statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Peixoto, Marvin Francis

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym): St. Rose Hospital Foundation
ADDRESS (*Business Address Acceptable*): 27200 Calaroga Avenue, Hayward, CA 94545
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Medical Facility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 16	$ 250.00	Chamber GALA
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (*Business Address Acceptable*)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (*Business Address Acceptable*)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (*Business Address Acceptable*)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (*Business Address Acceptable*)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (*Business Address Acceptable*)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: