

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION



Please type or print in ink.

NAME OF FILER (LAST) Maciel (FIRST) Michael (MIDDLE) (nmn) 11 APR - 5 PM 12:54

1. Office, Agency, or Court

Agency Name
City of Tracy
Division, Board, Department, District, if applicable
City Council
Your Position
Mayor Pro-tem

If filing for multiple positions, list below or on an attachment.

Agency: Position:

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

State
Multi-County
City of Tracy
Judge (Statewide Jurisdiction)
County of
Other

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

Annual: The period covered is January 1, 2010, through December 31, 2010.
Assuming Office: Date
Candidate: Election Year
Leaving Office: Date Left
The period covered is January 1, 2010, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 3

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

herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-7-2011 (month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Michael Maciel

▶ NAME OF SOURCE
Tracy Fire Fighters Association IAFF Local 3355

ADDRESS (Business Address Acceptable)
P.O. Box 185 Tracy, CA 95378

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fire Fighters Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 12 / 10</u>	<u>\$ 80</u>	<u>Crab Feed Tickets</u>
<u>06 / 01 / 10</u>	<u>\$ 90</u>	<u>Centennial Book</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Kagehiro Ranches Inc.

ADDRESS (Business Address Acceptable)
26977 S. Lammers Rd. Tracy, CA. 95377

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Farm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 19 / 10</u>	<u>\$ 60</u>	<u>Banquet Tickets</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
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<u> / / </u>	<u>\$</u>	<u> </u>
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Comments: _____