

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION  
COVER PAGE



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Please type or print in ink.

NAME OF FILER (LAST) Peixoto (FIRST) 2013 APR -5 PM 12:35 (MIDDLE) Marvyn Francis

1. Office, Agency, or Court

Agency Name  
City of Hayward  
Division, Board, Department, District, if applicable  
City Council  
Your Position  
Councilmember

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Hayward \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.  The period covered is January 1, 2012, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

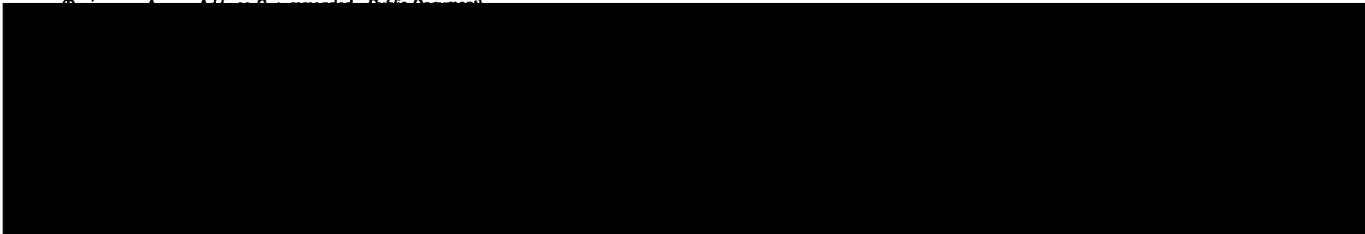
Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- Schedule A-1 - Investments - schedule attached  Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached  Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached  Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed 1/24/13  
(month, day, year)

3)  
ov  
ov

**SCHEDULE D  
 Income - Gifts**

Name  
**Marvin Peixoto**

▶ NAME OF SOURCE (Not an Acronym)  
**Hayward Firefighters Local 1909**

ADDRESS (Business Address Acceptable)  
**22734 Main St., Hayward, CA 94541**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Union**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 12	\$ 125	Chamber's GALA Din.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)  
**BayEAST Association of Realtors**

ADDRESS (Business Address Acceptable)  
**7901 Stoneridge Dr., #150, Pleasanton, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Real Estate**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 12	\$ 140	Officers Install. Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)  
**Hayward Education Foundation**

ADDRESS (Business Address Acceptable)  
**PO Box 56444, Hayward, CA 94541**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Non-Profit Educational Organization**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 23 / 12	\$ 190	GALA Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_