

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing
RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Maciel Michael (NMN)
15 APR - 8 PM 3:21

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Tracy

Division, Board, Department, District, if applicable

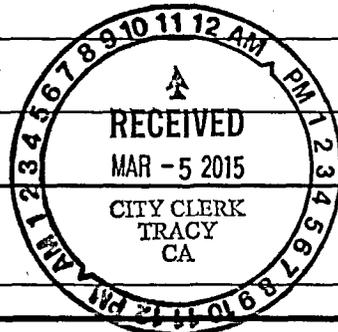
Your Position

Mayor

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

Agency: See Attachment

Position:



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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of San Joaquin

City of Tracy

Other

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left ____/____/____ (Check one)

-or-
The period covered is ____/____/____ through December 31, 2014.

The period covered is January 1, 2014, 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: 4

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

Date Signed 3-5-2015
(month, day, year)

Form 700 Attachment

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PRACTICES COMMISSION
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(2014)

Jurisdictions:

- **San Joaquin County Council of Governments - Board Member**
555 E. Weber Ave. Stockton, CA 95202
- **San Joaquin County Local Agency Formation Commission –**
Commissioner
509 E. Weber Ave. Suite 420 Stockton, CA 95203

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Westside Pioneers

ADDRESS (Business Address Acceptable)
 1141 Adam St. Tracy, CA 95376

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Historical Society

YOUR BUSINESS POSITION
 Spouse teaches living history class.

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 James Calvert

ADDRESS (Business Address Acceptable)
 121 Forest Hills Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 N/A

YOUR BUSINESS POSITION
 N/A

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of 2004 Ford Crown Victoria (\$7,500)
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

RECEIVED
 FAIR POLITICAL
 PRACTICES COMMISSION
SCHEDULE D
Income - Gifts
 15 APR -8 PM 3:22

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
 Michael Maciel

▶ NAME OF SOURCE (Not an Acronym)
 Tracy Chamber of Commerce

ADDRESS (Business Address Acceptable)
 223 E. 10th St. Tracy, CA 95376

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 24 / 14	\$ 75.00	Winter Gala Ticket
03 / 27 / 14	\$ 20.00	State of the City Ticket
___ / ___ / ___	\$ _____	_____

▶ 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: _____