

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Please type or print in ink.

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

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, 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: 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. [Redacted]

Date Signed 3/3/15
(month, day, year)

SCHEDULE D Income - Gifts

Name _____

▶ NAME OF SOURCE *(Not an Acronym)*
BayEAST Association of Realtors

ADDRESS *(Business Address Acceptable)*
7901 Stoneridge Dr., Pleasanton, CA 94588

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 14	\$ 150.00	Induct Officers Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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
Firefighter Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 25 / 14	\$ 250.00	Chamber Fundraiser
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Sugar Bowl Bakery

ADDRESS *(Business Address Acceptable)*
1963 Sabre St., Hayward, CA 94545

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Manufacturer - Bakery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 19 / 14	\$ 250.00	NAPIPA Banquet
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____