CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST): Maciel
(FIRST): Michael
(MIDDLE): NMN

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*: City of Tracy

Division, Board, Department, District, if applicable:

Your Position: Mayor

RECEIVED
FEB 18 2016
CITY CLERK
TRACY
CA

► 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
- ☐ Multi-County _____
- ☑ City of Tracy
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of San Joaquin
- ☑ Other See Attachment

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

☑ **Annual:** The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is ___/___/_____, through December 31, 2015.

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

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

○ The period covered is January 1, 2015, through the date of leaving office.

-or-

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

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

4. Schedule Summary (must complete) ► *Total number of pages including this cover page:* 3

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. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document): 333 Civic Center Plaza
STREET:
CITY: Tracy
STATE: CA
ZIP CODE: 95376

DAYTIME TELEPHONE NUMBER: (209) 835-2468

E-MAIL ADDRESS: michael.maciel@ci.tracy.ca.us

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 2-18-16 *(month, day, year)*

Signature *(File the originally signed statement with your filing official.)*

Form 700 Attachment (2015)

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

- San Joaquin Regional Rail Commission – Commissioner
  949 E. Channel St. Stockton, CA 95202

- San Joaquin Joint Powers Authority – Alternate Representative
  949 E. Channel St. Stockton, CA 95202

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Maciel

SCHEDULE D
Income – Gifts

► 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 / 30 / 15	$ 75.00	Winter Gala Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
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)
02 / 20 / 15	$ 80.00	2 Crab Feed Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
C.J. Lake, LLC
ADDRESS *(Business Address Acceptable)*
Suite 88 525 9th St. NW Washington D.C. 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist for San Joaquin Council of Governments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 15	$ 150.00	2 Baseball Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Schneider Electric
ADDRESS *(Business Address Acceptable)*
7210 Parkwoods Drive Stockton, CA 95207
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy Consulting/Engineering

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 01 / 15	$ 235.00	2 Dinners
/ /	$	
/ /	$	

► 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:

COPY

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Maciel	Michael	(NMN)

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Tracy

Division, Board, Department, District, if applicable

Your Position
Mayor

RECEIVED
MAR - 5 2015
CITY CLERK
TRACY
CA

► 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
- ☐ Multi-County
- ☑ City of Tracy
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of San Joaquin
- ☐ Other

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

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

-or-

The period covered is ___/___/___, through December 31, 2014.

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

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

○ The period covered is January 1, 2014, through the date of leaving office.

○ 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 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. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
210 Forest Hills Drive	Tracy	CA	95376

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(209) 835-2468	sintreetulait@yahoo.com

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 3-5-2015 *(month, day, year)*

Signature ___ *(File the originally signed statement with your filing official.)*

Form 700 Attachment (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

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Maciel

▶ 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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Maciel

SCHEDULE D
Income – Gifts

► 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:

COPY

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Tracy Chamber of Comerce
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	Winter Gala Ticket
03 / 27 / 14	$ 20	State of City Ticket
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
CJ Lake, LLC
ADDRESS *(Business Address Acceptable)*
Suite 88 525 9th St. NW, Washington D.C. 20004
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lobbyist for San Joaquin Council of Govrnments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 14	$ 75	Baseball Game 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)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name Michael Maciel

Office, Agency or Court Mayor, City of Tracy (see attachment)

Statement Type ☐ 2014/2015 Annual ☒ Assuming ☐ Leaving ☐ ____ (yr) Annual ☐ Candidate

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

Date Signed 3-29-15 *(month, day, year)*

Filer's Signature [signature]

Comments: CJ LAKE GIFT ADDED

Form 700 Attachment (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

- San Joaquin Regional Rail Commission – Commissioner
  949 E. Channel St. Stockton, CA 95202

- San Joaquin Joint Powers Authority – Alternate Representative
  949 E. Channel St. Stockton, CA 95202

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED
CITY CLERK'S OFFICE
2014 FEB 13 PM 3:21
CITY OF TRACY
TRACY, CA

Please type or print in ink

NAME OF FILER (LAST)	(FIRST)	(MIDDLE) (NMN)
Maciel	Michael	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
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. *(Do not use acronyms)*

Agency: _____ Position: _____

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

- ☐ State
- ☐ Multi-County _____
- ☑ City of Tracy
- ☐ 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, 2013, through December 31, 2013.

-or-

The period covered is ___/___/___, through December 31, 2013.

☐ **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, 2013, through the date of leaving office.

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

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 2

- ☐ **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. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
333 Civic Center Plaza	Tracy	CA	95376

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(209) 835-2468	

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 2-13-14 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Maciel

▶ 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 classes

GROSS INCOME RECEIVED
- [x] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Victory Fire Protection, INC.

ADDRESS *(Business Address Acceptable)*
5083 Lone Tree Way Antioch, CA 94531

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commercial Fire Protection

YOUR BUSINESS POSITION
N/A

GROSS INCOME RECEIVED
- [ ] $500 - $1,000
- [x] $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
- [ ] Loan repayment
- [ ] Partnership
- [x] Sale of 2009 Ford Ranger pickup ($8,750) *(Real property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Maciel	Michael	(NMN)

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 or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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

☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is ___/___/___ through December 31, 2012.

☐ **Assuming Office:** Date assumed 01 / 18 / 2013

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

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

○ The period covered is January 1, 2012, through the date of leaving office.

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

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* 2

- ☐ **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. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
333 Civic Center Plaza	Tracy	CA	95376

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(209) 835-2468	

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 03/15/2013 *(month, day, year)*

Signature _____ *(File the originally signed statement with your filing official.)*

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Maciel

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Westside Pioneers

ADDRESS *(Business Address Acceptable)*
1141 Adam Street Tracy, CA, 95376

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Historical Society

YOUR BUSINESS POSITION
Spouse teaches living history classes

GROSS INCOME RECEIVED
- [x] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] 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: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Maciel	Michael	(nmn)

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 or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ___/___/_____, through December 31, 2011.

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

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

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

- ○ The period covered is January 1, 2011, through the date of leaving office.
- ○ The period covered is ___/___/_____, 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*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
333 Civic Center Plaza	Tracy	CA	95376

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(209) 835-2468	michael.maciel@ci.tracy.ca.us

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 [illegible] correct.

Date Signed 3-14-12 *(month, day, year)* **Signature** _____ *(File the originally signed statement with your filing official.)*

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael Maciel

▶ 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 classes

GROSS INCOME RECEIVED
- [x] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [ ] Salary
- [x] Spouse's or registered domestic partner's income
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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
- [ ] Loan repayment
- [ ] Partnership
- [ ] Sale of _____ *(Real property, car, boat, etc.)*
- [ ] Commission or
- [ ] Rental Income, *list each source of $10,000 or more*
- [ ] 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:

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Name: Michael Maciel

SCHEDULE D
Income – Gifts

► 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)
03 / 18 / 11	$ 80	Crab Feed Tickets (2)
/ /	$	
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

► 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)
02 / 25 / 11	$ 60	Banquet Tickets (2)
/ /	$	
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

► NAME OF SOURCE: Surland Companies
ADDRESS (Business Address Acceptable): 1024 N. Central Ave. Tracy, CA 95376
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Development Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 11	$ 60	Christmas Gift Basket
/ /	$	
/ /	$	

► NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

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

Comments: