

## Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA 2001/02 FORM **460**Page 1 of 5For Official Use Only  
01/22/16 10:54 CLK

Statement covers period from <u>JULY 1, 2015</u> through <u>DECEMBER 31, 2015</u>	Date of election if applicable: (Month, Day, Year) <u>JUNE 5, 2016</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement            | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |   |

**3. Committee Information**I.D. NUMBER  
**1304164**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committee to Elect Marvin Peixoto for City Council 2018

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hayward	CA	94542	510-538-2516

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

marvinpeixotoforcouncil@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

Andrea Peixoto

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hayward	CA	94542	510-538-2516

NAME OF ASSISTANT TREASURER, IF ANY

Marvin Peixoto

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Hayward	CA	94542	510-538-2516

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

Executed on 1/22/16  
DateBy \_\_\_\_\_  
Signature of Treasurer or Assistant TreasurerExecuted on 1/22/16  
DateBy \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of SponsorExecuted on \_\_\_\_\_  
DateBy \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure ProponentExecuted on \_\_\_\_\_  
DateBy \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Marvin Peixoto; OFFICE SOUGHT OR HELD: City of Hayward City Council; RESIDENTIAL/BUSINESS ADDRESS: Hayward CA 94542

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME: Com to Elect Marvin Peixoto for City Cl 2018; I.D. NUMBER: 1304164

NAME OF TREASURER: Andrea Peixoto; CONTROLLED COMMITTEE? [X] YES [ ] NO

COMMITTEE ADDRESS: Hayward CA 94542 510-538-2516

COMMITTEE NAME: I.D. NUMBER:

NAME OF TREASURER: CONTROLLED COMMITTEE? [ ] YES [ ] NO

COMMITTEE ADDRESS: STREET ADDRESS (NO P.O. BOX); CITY: STATE: ZIP CODE: AREA CODE/PHONE:

6. Ballot Measure Committee

NAME OF BALLOT MEASURE; BALLOT NO. OR LETTER; JURISDICTION; [ ] SUPPORT [ ] OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT; OFFICE SOUGHT OR HELD; DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE; OFFICE SOUGHT OR HELD; [ ] SUPPORT [ ] OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>July 1, 2015</u>	<b>CALIFORNIA FORM 460</b>
through <u>December 31, 2015</u>	
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1304164</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Marvin Peixoto for City Council 2018

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... <i>Schedule A, Line 3</i>	\$ <u>40</u>	\$ <u>40</u>
2. Loans Received..... <i>Schedule B, Line 3</i>	<u>0</u>	<u>50,300</u> *
3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>	\$ <u>40</u>	\$ <u>50,340</u>
4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i>	\$ <u>40</u>	\$ <u>50,340</u>

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>0</u>	\$ <u>50</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>	\$ <u>0</u>	\$ <u>50</u>
9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i>	\$ <u>0</u>	\$ <u>50</u>

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>	\$ <u>4,343</u>
13. Cash Receipts..... <i>Column A, Line 3 above</i>	<u>40</u>
14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments..... <i>Column A, Line 8 above</i>	<u>0</u>
16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>4,383</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

*If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED..... <i>Schedule B, Part 2</i>	\$ <u>0</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents..... <i>See instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>50,300</u>

\* INCLUDES LOANS FROM ELECTION YEARS 2008, 2010, 2014

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period  
from July 1, 2015  
through December 31, 2015

**CALIFORNIA FORM 460**  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Marvin Peixoto for City Council 2018

I.D. NUMBER

1304164

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 40.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....**TOTAL \$** 40.00

**\*Contributor Codes**  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee

**Schedule B – Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>JULY 1, 2015</u> through <u>DECEMBER 31, 2015</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Marvin Peixoto for City Council 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Marvin Peixoto Hayward, CA 94542 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 30,700	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 30,700 DATE DUE	% RATE \$	\$ 31,500 2008 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
Marvin Peixoto Hayward, CA 94542 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 10,600	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 10,600 DATE DUE	% RATE \$	\$ 15,000 2010 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
Marvin Peixoto Hayward, ca 94542 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 9,000	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 9,000 DATE DUE	% RATE \$	\$ 9,000 2014 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<b>SUBTOTALS \$</b>							<b>\$ 50,300</b>	

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 0**  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

† Contributor Codes

IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee