

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) MARCHAND (FIRST) JOHN (MIDDLE) PAUL

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) CITY OF LIVERMORE Your Position MAYOR  
Division, Board, Department, District, if applicable \_\_\_\_\_

CITY COUNCIL

► 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 LIVERMORE
- Judge, Retired Judge, Pro Tem 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, 2023, through December 31, 2023.
- or- The period covered is \_\_\_\_\_ through December 31, 2023.
- Assuming Office: Date assumed \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one circle.)
- The period covered is January 1, 2023, through the date of leaving office.
- or- The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Date of Election 11/5/24 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► Total number of pages including this cover page: 2

**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 STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1052 S. LIVERMORE AVENUE LIVERMORE CA 94550

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
(925) 487-5283 john@johnmarchand.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 8/7/24 Signature John Paul Marchand  
(month, day, year) (File the originally signed paper statement with your filing official.)

**SCHEDULE D**  
**Income – Gifts**

Name  
MARCHAND, JOHN PAUL

▶ NAME OF SOURCE (Not an Acronym)  
CALEDONIAN CLUB of SAN FRANCISCO  
ADDRESS (Business Address Acceptable)  
312 S. MAPLE AVE. S. SAN FRANCISCO CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Promote SCOTTISH HERITAGE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 2, 23</u>	<u>\$ 150<sup>00</sup></u>	<u>TICKETS TO SCOTTISH GAMES</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
GUY HOUSTON  
ADDRESS (Business Address Acceptable)  
6300 VILLAGE PARKWAY - SUITE 200 DUBLIN, CA.  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
PUBLIC ADVOCACY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 28, 24</u>	<u>\$ 75<sup>00</sup></u>	<u>SAN RAMON SOTC LUNCH</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
WENTZ VINEYARDS  
ADDRESS (Business Address Acceptable)  
5050 ARROYO RD., LIVERMORE, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
WINE MAKING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 9, 23</u>	<u>\$ 275<sup>00</sup></u>	<u>140<sup>TH</sup> ANNIV CELEBRATION</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ 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)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
LIVERMORE VALLEY WINE GROWERS ASSOCIATION  
ADDRESS (Business Address Acceptable)  
3585 GREENVILLE ROAD, LIVERMORE, CA  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
PROMOTING LIVERMORE WINE REGION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 25, 23</u>	<u>\$ 250<sup>00</sup></u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ 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)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_