

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

RECEIVED
COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) Marquez (FIRST) Luis (MIDDLE) Luis
2013 FEB - FIRST PM 1:44 2013 JAN 30 PM 1:20
CITY OF DOWNEY
CITY CLERKS OFFICE

1. Office, Agency, or Court

Agency Name
City of Downey
Division, Board, Department, District, if applicable
City Council
Your Position
Council Member - District 1

► If filing for multiple positions, list below or on an attachment.

Agency: See Attached Position: _____

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

- State
- Multi-County _____
- City of Downey
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

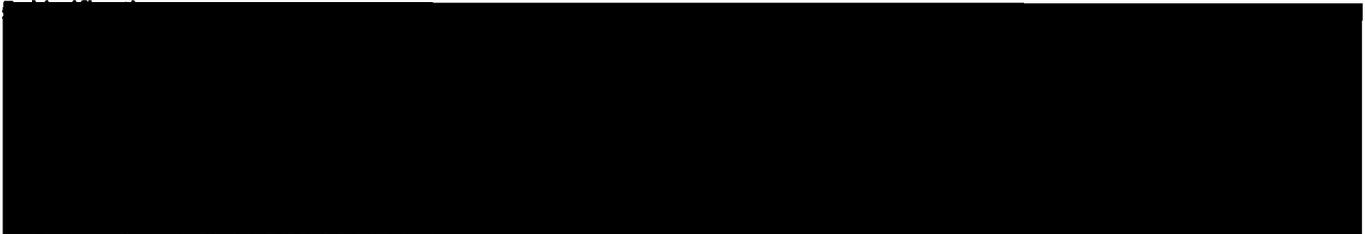
- Annual: The period covered is January 1, 2012, through December 31, 2012.
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.
- Assuming Office: Date assumed 01 / 11 / 2013
- 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 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
- None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge
I certify under penalty of perjury under the laws of the State of California

Date Signed 1-25-13
(month, day, year)

MARQUEZ, LUIS

Part 1. Office, Agency or Court (Con't)

<i>Agency:</i>	<i>Position:</i>	<i>Type:</i>
City of Downey	Council Member	Annual
Gateway City Council of Governments Executive Committee & I-710 Executive Committee	Director	Annual
Orange Line Development Authority	Director	Annual
Southeast Area Animal Control Authority	Director	Annual
Los Angeles County Sanitation Districts Nos. 2 & 18	Alternate Director	Assuming Office
Interstate 5 Consortium Cities Policy Board (I-5)	Alternate Board Member	Assuming Office

SCHEDULE D
Income - Gifts

Name

Luis Marquez

▶ NAME OF SOURCE (Not an Acronym)
Ken Spiker + Assoc.

ADDRESS (Business Address Acceptable) ste. 3300
1100 S. Flower St. LA., CA 90015

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ICA Sponsor - Coord.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/12/12</u>	<u>\$ 75.00</u>	<u>Dinner at ICA Conf.</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
EK + EK Public Advocacy

ADDRESS (Business Address Acceptable)
1201 W. 5th Street, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/18/12</u>	<u>\$ 70.00</u>	<u>Dinner at CCLA Conference</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Krikorian Premier Theatres

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Movie Theatre in City

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	<u>\$ 175.00</u>	<u>Movie Pass</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CALMET

ADDRESS (Business Address Acceptable)
7207 Petterson Ln., Paramount, CA 90723

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Company for City

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/17/12</u>	<u>\$ 70.00</u>	<u>Dinner at CCLA Conference</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____