

AT/AN 2013 *Amendment*



CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

1010725

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Marquez, Jorge Armando

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Covina
Division, Board, Department, District, if applicable
Your Position
Elected Officials
Council Member
If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

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

[X] State [] Judge or Court Commissioner (Statewide Jurisdiction)
[] Multi-County [] County of
[X] City of Covina [X] Other Covina Valley Unified

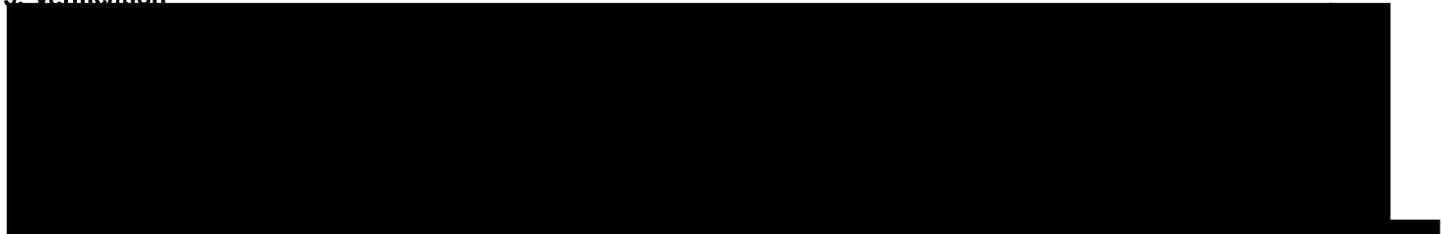
3. Type of Statement (Check at least one box)

[X] 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."
[] Schedule A-1 - Investments - schedule attached
[] Schedule A-2 - Investments - schedule attached
[] Schedule B - Real Property - schedule attached
[X] Schedule C - Income, Loans, & Business Positions - schedule attached
[X] Schedule D - Income - Gifts - schedule attached
[] Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
[] None - No reportable interests on any schedule
Total number of pages including this cover page: 4

5. Verification



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

Date Signed 03/12/2014 April 29, 14
(month, day, year)

101300040-NFH-0040

Section 1 Additional Agency(ies)/Position(s) for Marquez, Jorge Armando:

Agency	Division, Board, Department, District	Position
State of California	State Senate - SD 24	Field Deputy
Covina-Valley USD	Personnel Department	Personnel Commissioner

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Marquez, Jorge Armando

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
California State Senate

ADDRESS (Business Address Acceptable)
100 S. Vincent Ave., #401
West Covina, CA 91791

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Employment

YOUR BUSINESS POSITION
Field Deputy

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)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City of Covina

ADDRESS (Business Address Acceptable)
125 E. College
Covina, CA 91723

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Council Activities (City business)

YOUR BUSINESS POSITION
City Councilmember

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 Stipend Pay
(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 TERM (Months/Years)
 _____% None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name
 Marquez, Jorge Armando

**SCHEDULE D
 Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
David Hall, Mt. SAC Trustee
 ADDRESS (Business Address Acceptable)
1100 N. Grand Ave.,
Walnut, CA 91789
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 23 / 13</u>	\$ <u>132.00</u>	<u>4 Tix baseball Game & Race Track</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Alhambra Educational Foundation
 ADDRESS (Business Address Acceptable)
1515 West Mission Road, Marengo Building 1st floor
Alhambra, CA 91803
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 06 / 13</u>	\$ <u>60.00</u>	<u>Dinner Event</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
NBCUniversal Media LLC
 ADDRESS (Business Address Acceptable)
100 Universal City Plaza
Universal City, CA 91608
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 30 / 13</u>	\$ <u>56.00</u>	<u>2 Tickets for Film and Breakfast</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Craig Cook
 ADDRESS (Business Address Acceptable)
1773 W. San Bernardino Rd #B42
West Covina, CA 91790
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 30 / 14</u>	\$ <u>200.00</u>	<u>Two (2) Tickets for Basketball Game</u>
<u>07 / 05 / 13</u>	\$ <u>160.00</u>	<u>Two (2) Tickets to Baseball Game</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
City of Covina
 ADDRESS (Business Address Acceptable)
125 E. College
Covina, CA 91723
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Covina Chamber of Commerce Events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 18 / 13</u>	\$ <u>30.00</u>	<u>Police/Fire Employee of the Year Lunch</u>
<u>03 / 08 / 13</u>	\$ <u>20.00</u>	<u>State of the City Address - Lunch</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: _____



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

E-Filed
03/12/2014
13:17:59
Filing ID:
150266599

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Marquez, Jorge Armando

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Covina
Division, Board, Department, District, if applicable
Your Position
Elected Officials
Council Member
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
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 Multi-County County of
 City of Covina Other Covina Valley Unified

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-or-
The period covered is ____/____/____, through December 31, 2013
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 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Election Year ____ and office sought, if different than Part 1: ____

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Total number of pages including this cover page: 4
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 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
125 East College Street		Covina	CA	91723
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		
(626) 214-8586				

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 03/12/2014
(month, day, year)

Signature Jorge Armando Marquez
(File the originally signed statement with your filing official.)

Section 1 Additional Agency(ies)/Position(s) for Marquez, Jorge Armando:

Agency	Division, Board, Department, District	Position
State of California	State Senate - SD 24	Field Deputy
Covina-Valley USD	Personnel Department	Personnel Commissioner

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

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Name <hr/> Marquez, Jorge Armando

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California State Senate

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BUSINESS ACTIVITY, IF ANY, OF SOURCE
Employment

YOUR BUSINESS POSITION
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 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

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NAME OF SOURCE OF INCOME
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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
Marquez, Jorge Armando

SCHEDULE D
Income – Gifts

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<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

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City of Covina
 ADDRESS (Business Address Acceptable)
125 E. College
Covina, CA 91723
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Covina Chamber of Commerce Events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
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<u>03 / 08 / 13</u>	<u>\$ 20.00</u>	<u>State of the City Address - Lunch</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: _____