

**STATEMENT OF ECONOMIC INTERESTS**

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

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

Agency Name (Do not use acronyms)  
State of California  
Division, Board, Department, District, if applicable  
Your Position  
State Senate - SD 24  
Sr. Field Deputy

► 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)**

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of \_\_\_\_\_
- City of Covina  Other Covina Valley Unified

**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: 5
- 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

herein and in any attached schedules is true and complete. I acknowledge that the information provided is true and correct to the best of my knowledge and belief. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct to the best of my knowledge and belief.

Date Signed 03/19/2015  
(month, day, year)

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
Expanded Statement Attachment**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Jorge Armando Marquez

Agency	Division/Board/Dept/District	Position	Type of Statement
City of Covina	Elected Officials	Council Member	Annual 1/1/2014 - 12/31/2014
State of California	State Senate - SD 24	Sr. Field Deputy	Annual 1/1/2014 - 12/31/2014
Covina-Valley USD	Personnel Department	Personnel Commisisoner	Annual 1/1/2014 - 12/31/2014
Southern California Assoc. of Govt		Member	Annual 1/1/2014 - 12/31/2014
SGV Council of Govt		Alternate Member	Annual 1/1/2014 - 12/31/2014

# 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  
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  
(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 Stipend Pay  
(Describe)

**▶ 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  
(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)

**▶ 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: \_\_\_\_\_

# 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 \_\_\_\_\_

AG Strategies

ADDRESS (Business Address Acceptable)  
PO BOX 291101  
LOS ANGELES, CA 90029

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
2 Week Program for Monument Campaign Program (\$1,500)

YOUR BUSINESS POSITION  
Ground Coordinator

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 Stipend \_\_\_\_\_ (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 (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)

**▶ 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  
 Marquez, Jorge Armando

**SCHEDULE D  
 Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
 BB&K Law Firm  
 ADDRESS (Business Address Acceptable)  
 500 Capitol Mall, Suite 1700  
 Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 BB&K Client Reception. (Myself and Fiance Approx. \$46 Each Person)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 04 / 14	\$ 92.00	Reception for Clients (LA LIVE)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
 Andrew Hsu  
 ADDRESS (Business Address Acceptable)  
 Po Box 2003  
 Artesia, CA 90702  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 14	\$ 100.00	Box of Chocolates
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_