

STATEMENT OF ECONOMIC INTERESTS

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Marquez Ray

OFFICE OF CITY CLERK  
CHINO HILLS

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Chino Hills

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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2015 MAR 28 PM 3:22

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

State

Multi-County \_\_\_\_\_

City of CHINO HILLS

Judge or Court Commissioner (Statewide Jurisdiction)

County of \_\_\_\_\_

Other Expanded see attached

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

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.

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

Expanded statement

-or-

None - No reportable interests on any schedule

5. [Redacted Signature Area]

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 03/18/2015  
(month, day, year)

FORM 700 – STATEMENT OF ECONOMIC INTERESTS

EXPANDED STATEMENT FOR

**RAY MARQUEZ**

2014 Annual Statements –

1. San Bernardino Associated of Governments – Alternate, Board Member  
County
2. Southern California Association of Government – Regional Council  
Multi-County (Filed Assuming Office Statement in October 2014.)

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**SCHEDULE D**  
**Income – Gifts**

Name  
**Ray Marquez**

▶ NAME OF SOURCE (Not an Acronym)  
**Harkins Theatres**

ADDRESS (Business Address Acceptable)  
**7511 E. Mc Donald Dr., Scottsdale AZ 85250**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Movie Theatre**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 02 / 14	\$ 100.00	Movie Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Water Education of Latino Leaders**

ADDRESS (Business Address Acceptable)  
**930 Colorado Blvd, Building 2 , los Angeles, CA 9004**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Water Education**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 26 / 14	\$ 395.00	Conference
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Planes of Fame Air Museum**

ADDRESS (Business Address Acceptable)  
**7000 Merrill ave #17, Chino CA 91710**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Air Mueseum**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 14 / 14	\$ 250.00	weekend pass
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Boy's Republic High School**

ADDRESS (Business Address Acceptable)  
**1907 Boy's Republic Drive, Chino Hills**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**High School**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 14	\$ 50.00	Della Robbia Wreath
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**KV Kumar**

ADDRESS (Business Address Acceptable)  
**PO Box 17131, Anaheim, CA 92801**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Real Estate**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 06 / 14	\$ 80.00	Wine Gift Basket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_