

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing

Received  
Official Use Only

RECEIVED-CITY CLERK

COVER PAGE

CG

2015 MAR 23 PM 12:11

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Marquet

Viviana

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Bernadine City Council

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

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

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of San Bernadine

Other

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

Leaving Office: Date Left (Check one)

-or-

The period covered is through December 31, 2014.

The period covered is January 1, 2014, through the date of leaving office.

Assuming Office: Date assumed

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: 7

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

Date Signed

3/12/15

(month, day, year)

**SCHEDULE A-1**

**Inv stments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than .10%)

Do not attach brokerage or financial statements.

Name  
Virginia Marguer

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000

\$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
                                  Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000

\$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
                                  Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000

\$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
                                  Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000

\$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
                                  Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000

\$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
                                  Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

---

GENERAL DESCRIPTION OF THIS BUSINESS

---

FAIR MARKET VALUE

\$2,000 - \$10,000       \$10,001 - \$100,000

\$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT

Stock       Other \_\_\_\_\_  
(Describe)

Partnership     Income Received of \$0 - \$499  
                                  Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED                  DISPOSED

Comments: N/A





**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
Virginia Marquez

▶ 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)

▶ 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: N/A



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
Virginia Margoe

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: N/A