10130D040-NFH-0040

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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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

State Senate - SD 24

Your Position

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)*

[X] State

[ ] Multi-County

[X] City of Covina

[ ] Judge or Court Commissioner (Statewide Jurisdiction)

[ ] County of

[X] Other Covina Valley Unified

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

[X] **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

[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*

[redacted]

herein and in any attached schedules is true and complete. I ackn[redacted]

I certify under penalty of perjury under the laws of the State o[redacted]

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 Commissoner	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
- [x] $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)*
- [x] 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
- [x] $10,001 - $100,000
- [ ] OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- [x] 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:

101300040-NFH-0040

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
- [x] $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)*

- [x] 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: