

STATEMENT OF ECONOMIC INTERESTS NO VALUE Official Use Only

COVER PAGE

Please type or print in ink.

22 FEB 13 PM 11: 18

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)		
	MARQUEZ	DAVID			
1. Office, A	gency, or Court				
Agency Nam	ie (Do not use acronyms)				
CITY OF	MORENO VALLEY				
Division, Box	ard, Department, District, if applicable	Your Position			
CITY CO	UNCIL DISTRICT 3	COUNCIL MEMBER			
► If filing fo	r multiple positions, list below or on an atta	chment. (Do not use acronyms)			
Agency: C	ITY OF MORENO VALLEY	Position:			
2. Jurisdict	ion of Office (Check at least one bo	x)			
State	·	Judge, Retired Judge, Pro Tel (Statewide Jurisdiction)	m Judge, or Court Commissioner		
Multi-Co	unty	County of			
City of _	MORENO VALLEY	Other			
3. Type of	Statement (Check at least one box)				
• •	The period covered is January 1, 2021, the December 31, 2021.		ck one circle.)		
-or-	The period covered is/	, through	nuary 1, 2021, through the date of		
Assumi	ng Office: Date assumed/	The period covered is the date of leaving office.			
Candida	ate: Date of Election	and office sought, if different than Part 1:			
	e Summary (must complete)	► Total number of pages including this cover	page:		
_			Second Residence and the settled and the settl		
	edule A-1 - Investments – schedule attache				
	edule A-2 - Investments – schedule attache edule B - Real Property – schedule attache				
-Or-	equie b - Real Property – scriedule attache	Generalie E - monne - Onto - may	of Taymonis — schodule allached		
	- No reportable interests on any so	hedule			
5. Verification					
MAILING ADDR	ESS STREET	CITY STATE	ZIP CODE		
	nency Address Recommended - Public Document) REDERICK ST	MORENO VALLEY CA	92552		
DAYTIME TELE	PHONE NUMBER 413-3008	E-MAIL ADDRESS DAVIDM@MOVAL.ORG			
	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	1/27/22	Signa			
	(month, day, year)	(File the originally signed paper)	er statement with your filing official.)		

SCHEDULE D Income - Gifts



► NAME OF SOUR	CE (Not an Acronyi	m)	► NAME OF SOURCE (Not an Acronym)	
WASTE MAN	IAGEMENT			
ADDRESS (Busine	ess Address Accept	able)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIV	ITY, IF ANY, OF S	OURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
12 , 25 , 21	\$_60.00	WREATH		
	\$	9 9		
	\$			
► NAME OF SOURCE		m)	► NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)			ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE			BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
12, 25, 21	\$_65.00	GLENNFIDDICH	\$	
12,25,21	\$_20.00	HAMLET CANDIES		
	\$	× ×	\$	
► NAME OF SOURCE	CE (Not an Acronyi	m)	Filer's Verification	
ADDRESS (Busine	ess Address Accept	able)	Print Name	
			Office, Agency	
BUSINESS ACTIV	TTY, IF ANY, OF S	SOURCE	Statement Type 2021/2022 Annual Assuming Leaving	
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	Annual Candidate I have used all reasonable diligence in preparing this statement. I have	
//	\$	s 8 	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.	
	\$		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
//	\$	· ·	Date Signed(month, day, year)	
			Filer's Signature	

Comments: ____