

**Recipient Committee
Campaign Statement
Cover Page**

| | |
|---|----------------------------|
| Date Stamp MORENO VALLEY RECEIVED 22 JAN 27 2022 | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>5</u> | |
| For Official Use Only | |

| | |
|--|--|
| Statement covers period from <u>07/01/2021</u> through <u>12/31/2021</u> | Date of election if applicable: (Month, Day, Year) _____ |
|--|--|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> State Candidate Election Committee <input type="checkbox"/> Recall <i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="checkbox"/> Controlled <input type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Sponsored <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|--|--|
| <input type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement <i>(Also file a Form 410 Termination)</i> | |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1428033

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Elect David Marquez 2020 Moreno Valley City Council, District 3

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY STATE ZIP CODE

Moreno Valley CA 92551 [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

n/a
CITY STATE ZIP CODE AREA CODE/PHONE

n/a
OPTIONAL: FAX / E-MAIL ADDRESS

rlhiers1954@gmail.com

Treasurer(s)

NAME OF TREASURER

Radene Hiers

MAILING ADDRESS

[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE

Moreno Valley CA 92551 [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

n/a

MAILING ADDRESS

n/a
CITY STATE ZIP CODE AREA CODE/PHONE

n/a
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge and belief the information provided in the 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.

Executed on 1-27-22
Date

Executed on 1-27-22
Date

Executed on _____
Date

Executed on _____
Date

By [REDACTED]
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
David Marquez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council District 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Moreno Vall CA 92555

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

| | |
|--------------------------|---|
| COMMITTEE NAME n/a | I.D. NUMBER |
| NAME OF TREASURER n/a | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS n/a | STREET ADDRESS (NO P.O. BOX) |
| CITY n/a | STATE ZIP CODE AREA CODE/PHONE |
| COMMITTEE NAME n/a | I.D. NUMBER |
| NAME OF TREASURER n/a | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS n/a | STREET ADDRESS (NO P.O. BOX) |
| CITY n/a | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
n/a

| | | |
|-----------------------------|--------------|---|
| BALLOT NO. OR LETTER n/a | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-----------------------------|--------------|---|

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
n/a

| | |
|------------------------------|---------------------|
| OFFICE SOUGHT OR HELD n/a | DISTRICT NO. IF ANY |
|------------------------------|---------------------|

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

| | | |
|--|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE n/a | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE n/a | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE n/a | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE n/a | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>07/01/2021</u> | CALIFORNIA FORM 460 |
| through <u>12/31/2031</u> | |
| Page <u>3</u> of <u>5</u> | I.D. NUMBER <u>1428033</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect David Marquez 2020 Moreno Valley City Council, District 3

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 2. Loans Received..... Schedule B, Line 3 | \$ <u>0</u> | \$ <u>1350.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2 | \$ <u>0</u> | \$ <u>0</u> |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ <u>0</u> | \$ <u>1350.00</u> |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|--|--|--|
| 6. Payments Made..... Schedule E, Line 4 | \$ <u>0</u> | \$ <u>0</u> |
| 7. Loans Made..... Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7 | \$ <u>0</u> | \$ <u>0</u> |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | \$ <u>0</u> | \$ <u>(1350.00)</u> |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3 | \$ <u>0</u> | \$ _____ |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10 | \$ <u>0</u> | \$ <u>(1350.00)</u> |

Expenditure Limit Summary for State Candidates

| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
|--|---------------|
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|--|-------------|
| 12. Beginning Cash Balance..... Previous Summary Page, Line 16 | \$ <u>0</u> |
| 13. Cash Receipts..... Column A, Line 3 above | \$ <u>0</u> |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4 | \$ <u>0</u> |
| 15. Cash Payments..... Column A, Line 8 above | \$ <u>0</u> |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>0</u> |

If this is a termination statement, Line 16 must be zero.

| | |
|--|-------------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ <u>0</u> |
|--|-------------|

Cash Equivalents and Outstanding Debts

| | |
|--|-------------|
| 18. Cash Equivalents..... See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from <u>07/01/2020</u> through <u>12/31/2020</u> | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Elect David Marquez 2020 Moreno Valley City Council, District 3

I.D. NUMBER

1428033

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|---|---|--|------------------------------------|--|--|----------------------------------|---|---|
| David Marquez [REDACTED] Moreno Valley, CA 92555 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City of Moreno Valley Council Member, District 3 | \$ 565.79 | \$ 565.79 | <input type="checkbox"/> PAID \$ _____ <input checked="" type="checkbox"/> FORGIVEN \$ 565.79 | \$ 0 DATE DUE | 0 % RATE \$ 0 | \$ 2550.00 08/22/2021 DATE INCURRED | CALENDAR YEAR \$ 1350.00 PER ELECTION** \$ 2550.00 |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| † <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ _____ | \$ _____ | <input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____ | \$ _____ DATE DUE | _____% RATE \$ _____ | \$ _____ DATE INCURRED | CALENDAR YEAR \$ _____ PER ELECTION** \$ _____ |
| SUBTOTALS | | \$ 565.79 | \$ 565.79 | \$ 0 | \$ 0 | | | |

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ 565.79
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 565.79
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) **NET \$ 0**
Enter the net here and on the Summary Page, Column A, Line 2.

(May be a negative number)

†Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 07/01/2021 through 12/31/2021
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Elect David Marquez 2020 Moreno Valley City Council, District 3

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

Table with 6 columns: NAME AND ADDRESS OF CREDITOR, CODE OR DESCRIPTION OF PAYMENT, (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD, (b) AMOUNT INCURRED THIS PERIOD, (c) AMOUNT PAID THIS PERIOD, (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD. Includes entry for Debt Forgiveness.

Schedule F Summary

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$ 0
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$ (565.79)
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ 0