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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF MORENO VALLEY

Division, Board, Department, District, if applicable Your Position
CITY COUNCIL DISTRICT 3 COUNCIL MEMBER

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

Agency: SEE ATTACHMENT TO COVER PAGE Position:

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

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County County of _____
- City of MORENO VALLEY Other _____

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

- Annual:** The period covered is January 1, 2021, through December 31, 2021. **Leaving Office:** Date Left ____/____/____ (Check one circle.)
- or-** The period covered is ____/____/____, through December 31, 2021. The period covered is January 1, 2021, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/____ **-or-** The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- 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**

5. Verification

| | | | | |
|----------------------------------------------------------------------------------------------|-------------------|------|-------|----------|
| MAILING ADDRESS <small>(Business or Agency Address Recommended - Public Document)</small> | STREET | CITY | STATE | ZIP CODE |
| 14177 FREDERICK ST | MORENO VALLEY | CA | 92552 | |
| DAYTIME TELEPHONE NUMBER | EMAIL ADDRESS | | | |
| (951) 413-3008 | DAVIDMA@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 1/26/2022
(month, day, year)

Sign (file the originally signed paper statement with your filing official)

Print **Clear**