

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)  
 MORENO VALLEY City Council  
 Division, Board, Department, District, if applicable: DISTRICT 3  
 Your Position: COUNCILMAN MEMBER

► 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
- Multi-County \_\_\_\_\_
- City of MORENO VALLEY, CA.
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2015.
- Assuming Office: Date assumed 12/6/16
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2015 through the date of leaving office.
- or-
- The period covered is \_\_\_\_\_ through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ 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 A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-  
 None - No reportable interests on any schedule

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 14177 FREDERICK ST. PO Box 88005 Moreno Valley, CA 92552  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 (951) 413-3008 davidma@moral.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 12-20-16 Signature \_\_\_\_\_  
 (month day year) (File the originally signed statement with your filing official)