D lul					
Recipient Committee Campaign Statement Cover Page	``		ate Stamp	CALIFORNIA 460	
	Statement covers period from 7-1-2021	(Month, Day, Year)	CITY CLERM	Page 1 of 3 For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through 12-31-21	3-7-17 22 JAN	31 PM 2-3	,	
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below) Amendment is filed to Cover Se Statement Covering up to 12/31	☐ Specia emi Annual/Term	rly Statement I Odd-Year Report ination and	
). NUMBER 341911	Treasurer(s)		·	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Jorge Marquez for Covina City Council 2017		Angel Diaz MAILING ADDRESS		 	
•		WATER CARSON CONTRACTOR OF THE			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP COD	E AREA CODE/PHONE	
CITY STATE ZIP CO	DE AREA CODE/PHONE	La Puente	CA 9174	6	
_		NAME OF ASSISTANT TREASURER, IF ANY			
Covina CA 9172 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS			
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZIP COD	E AREA CODE/PHONE	
West Covina CA 9179 OPTIONAL: FAX/E-MAIL ADDRESS	91	OPTIONAL: FAX / E-MAIL ADDRESS		·	
	·				
 Verification I have used all reasonable diligence in preparing and reviewir 	on this statement and to the hest of my	knowledge the information ontained berein and i	in the attached sche	dules is true and complete. I	
certify under penalty of perjury under the laws of the State of)	dallo lo li do di de complete.	
Executed on 1-31-22	Ву				
Date 1-31-22 Executed on	By	oiling Caceholder, Candidate Style Measure Proponent or Resp	onsible Officer of Sponsor		
Executed on	By	Signature of Controlling Officeholder, Candidate, State Measure P			
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure P	roponent	EDDC Form 460 (lan/2016))	

Campaign Disclosure Statement

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.	State from 7-1	ment covers period -2021	california 460	
EE INSTRUCTIONS ON REVERSE		through .	12-31-21	Page 2 of 3	
AME OF FILER				I.D. NUMBER	
Jorge Marquez for Covina City Council 2017				1341911	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) COlumn B CALENDAR YEAR TOTAL TO DATE CALENDAR YEAR Running in Both the Sta				

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	COLUMN B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	0	\$ 0 0 0 0 0 0	1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Expenditures Made 6. Payments Made	\$ 29.90 0 \$ 29.90 0 0 0 29.90	\$ 29.90 0 29.90 0 0 0 29.90	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$ 0	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.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772

www.fppc.ca.gov

Schedule E Payments Made Amounts may be rounded to whole dollars.		Statement covers period from 7-1-21			CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				th	rough 12-31-21	— Page	
NAME OF FILER			•			I.D. NU	,
Jorge Marquez for Covina City Council 2017	·					1341	911 ——————
CODES: If one of the following codes accurately described 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 com MTG meetings an OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications d appearances ses lating s survey research	s n senger services	RAL RFE SAL TEL TRO TRS TSF VOT	describe the paymer radio airtime and product returned contributions campaign workers' salarie t.v. or cable airtime and p candidate travel, lodging, staff/spouse travel, lodgir transfer between committ voter registration information technology co	ion costs es roduction cost and meals ng, and meals tees of the sar	me candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C)R	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must also b	e summarized on Scho	edule D.				SUBTOTAL	\$ 0
Schedule E Summary							
1. Itemized payments made this period. (Include all Schedul	e E subtotals.)					\$	0
2. Unitemized payments made this period of under \$100						\$	29.90
3. Total interest paid this period on loans. (Enter amount from	m Schedule B, Pa	rt 1, Columr	ı (e).)			\$_	0
4. Total payments made this period. (Add Lines 1, 2, and 3.	Enter here and on	the Summa	ary Page, Colu	ımn A, Lin	e 6.)	TOTAL \$_	29.90