

**Recipie Committee
Campaign Statement
Cover Page**

Statement covers period from 01/01/2022 through 04/23/2022

Date of election if applicable: 06/07/2022
(Month, Day, Year)

By [Signature]

Date Stamp: **RECEIVED APR 28 2022**

SEE INSTRUCTIONS ON REVERSE

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

- Offholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Offholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect George Marquez for District Attorney 2022

I.D. NUMBER 1442435

Treasurer(s)

NAME OF TREASURER Karina B Alvarez

MAILING ADDRESS [Redacted]

STREET ADDRESS (NO P.O. BOX) [Redacted]

STATE [Redacted] ZIP CODE [Redacted] AREA CODE/PHONE [Redacted]

NAME OF ASSISTANT TREASURER, IF ANY [Redacted]

MAILING ADDRESS [Redacted]

STATE [Redacted] ZIP CODE [Redacted] AREA CODE/PHONE [Redacted]

STREET ADDRESS (NO P.O. BOX) [Redacted]

STATE [Redacted] ZIP CODE [Redacted] AREA CODE/PHONE [Redacted]

NAME OF ASSISTANT TREASURER, IF ANY Patricia Marquez

MAILING ADDRESS [Redacted]

CITY [Redacted] STATE [Redacted] ZIP CODE [Redacted] AREA CODE/PHONE [Redacted]

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and 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 04/28/2022 Date

By [Signature] Signature of Controlling Officer of Assistant Treasurer

Executed on 04/28/2022 Date

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

Executed on _____ Date

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

**Recipient Committee
Campaign Statement
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
George Marquez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
District Attorney

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

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	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

OFFICE SOUGHT OR HELD 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	OFFICE SOUGHT OR HELD	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<u>George Marquez</u>	<u>District Attorney</u>	
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	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.

Statement covers period
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through 04/23/2022

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SUMMARY PAGE

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I.D. NUMBER
1442435

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee to Elect George Marquez for District Attorney 2022

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 20,019.62	\$ 20,019.62
2. Loans Received	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 20,019.62	\$ 20,019.62
4. Nonmonetary Contributions	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 20,019.62	\$ 20,019.62

Expenditures Made

6. Payments Made	\$ 22,464.82	\$ 22,464.82
7. Loans Made	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	\$ 22,464.82	\$ 22,464.82
9. Accrued Expenses (Unpaid Bills)	0.00	0.00
10. Nonmonetary Adjustment	0.00	0.00
11. TOTAL EXPENDITURES MADE	\$ 22,464.82	\$ 22,464.82

Current Cash Statement

12. Beginning Cash Balance	\$ 11,144.53	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).
13. Cash Receipts	\$ 20,019.62	
14. Miscellaneous Increases to Cash	\$ 0.00	
15. Cash Payments	\$ 22,464.82	
16. ENDING CASH BALANCE	\$ 8,699.33	

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	\$ 0.00
18. Cash Equivalents	\$ 8,699.33
19. Outstanding Debts	\$ 10,000.00

Expenditure Limit Summary for State Candidates

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

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

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

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

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

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SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
	See attached list- designated as Page 5	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$ 0.00						

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 13,150.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 6,869.62
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 20,019.62

*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

Committee to Elect George Marquez for District Attorney 2022
Schedule A - Monetary Contributions Received
 January 1 through April 23, 2022

Type	Date	Name	Name Street1	City, State, ZIP	Occupation	Credit
IND100+ - Individual-over \$100(+address)						
Deposit	02/23/2022	Virgen, Pabro Jr	920 Santa Ana St	Calexico, CA 92231	business owner	500.00
Deposit	04/06/2022	Pat Maruca	3920 Riviera Dr - Unit U	San Diego, CA 92109	retired educator	700.00
Deposit	04/06/2022	Jose Manuel Flores	PO Box 945	Seeley, CA 92243	county employee	700.00
Deposit	04/22/2022	Smith, Gregory	633 Terrace Cir	Brawley, CA 92227	real estate	250.00
Total IND100+ - Individual-over \$100(+address)						<u>2,150.00</u>
						<u>2,150.00</u>
OTH - Income from other(business, etc)						
Deposit	01/18/2022	Brundy Farms, Inc.	PO Box 845	Imperial, CA 92251	farm	500.00
Deposit	01/24/2022	Parra Rodriguez, Jose Andrew	230 Mazatlan Dr	Imperial, CA 92251	business owner	1,000.00
Deposit	01/31/2022	Mark McMillian Attorney	1018 Kanawha Boulevd East	Charleston, WV 25301	attorney	250.00
Deposit	01/31/2022	Domenzain, Michael	2430 Earhart CT	Imperial, CA 92251	traffic referee	500.00
Deposit	02/17/2022	Vigilante Investigations Inc	2914 Sandalwood Ct	EI Centro, CA 92243	pi	500.00
Deposit	02/18/2022	Barbara Worth CC	2050 COUNTRY Club Dr.	Holtville, CA 92250	Eddie Mejrado - hotel	2,000.00
Deposit	02/18/2022	Mike Claverie Farms	1298 Anderholt Road	Holtville, CA 92250	farm	500.00
Deposit	02/25/2022	Beaudikofer, Eric Attorney At Law	414 Vine St	EI Centro, CA 92243	attorney	200.00
Deposit	02/28/2022	Gonzalez Insurance Agency	PO Box 2420	EI Centro, CA 92243	insurance agency	1,500.00
Deposit	03/08/2022	Rodriguez, Joe Singh			consultant	1,000.00
Deposit	03/24/2022	Prime AG Services Inc	2444 Portico Blvd	Calexico, CA 92231	contractor	3,000.00
Deposit	03/29/2022	SAR Automotive dba Imperial Auto Repair	1045 Adams Ave	EI Centro, CA 92243	auto repair shop	500.00
Deposit	04/13/2022	ROC Construction			construction company	250.00
Total OTH - Income from other(business, etc)						<u>11,700.00</u>
TOTAL						<u><u>13,850.00</u></u>

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

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NAME OF FILER

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Committee to Elect George Marquez for District Attorney 2022

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FULL NAME, STREET ADDRESS AND ZIP CODE (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
George Marquez [REDACTED]	Candidate	10,000.00	0.00	<input checked="" type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN	11/08/2021	0.00%	10,000.00	10,000.00
<input checked="" 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
<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
SUBTOTALS		\$ 0.00	\$ 0.00	\$ 10,000.00	\$ 0.00			

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(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 \$ 0.00**
Enter the net here and on the Summary Page, Column A, Line 2.

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

(May be a negative number)

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

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

Schedule E Payments Made

Amounts may be rounded to whole dollars.

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | tv. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOI | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CODE OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

See attached list- designated as Page 8

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 0.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 21,463.42
- Unitemized payments made this period of under \$100..... \$ 1,001.40
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 22,464.82

