

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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By BB
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)
Cabrera Ulises

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
March Joint Powers Commission
Division, Board, Department, District, if applicable
Your Position
Alternate Commissioner

RECEIVED RIVERSIDE COUNTY
CLERK / BOARD OF SUPERVISORS
2019 APR 29 PM 3:39

► 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 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, 2018, through December 31, 2018.
-or-
The period covered is _____ through December 31, 2018.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____
(Check one circle.)
 The period covered is January 1, 2018, through the date of leaving office.
-or-
 The period covered is _____ through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

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 Street Moreno Valley CA 92552
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(951) 413-3008 ulisesc@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 4-1-19 Signature [Signature]
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cabrera, Ulises

▶ 1. BUSINESS ENTITY OR TRUST

UMC2 Construction, LLC.
Name
16115 Rancho del lago, Moreno Valley, CA.
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
General Construction

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000 / /18 / /18
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Partner

▶ 1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000 / /18 / /18
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / /18 / /18
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE D
Income – Gifts

Name

Cabrera, Ulises

▶ NAME OF SOURCE *(Not an Acronym)*
 Waste Management of the Inland Empire

ADDRESS *(Business Address Acceptable)*
 800 S. Temescal St., Corona, CA 92879

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 LOCC Annual Conference-WM Dinner

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 09 / 12 / 19 | \$ 84.86 | Dinner |
| | \$ | |
| | \$ | |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

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ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

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|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-------|------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

Comments: _____