

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

A PUBLIC DOCUMENT

BY:

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gutierrez Yxstian Alberto

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

► 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 _____

Judge or Court Commissioner (Statewide Jurisdiction)

County of _____

Other March Joint Powers Authority

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 12 / 31 / 2017

(Check one circle.)

The period covered is January 1, 2018, through the date of leaving office.

The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

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. Moreno Valley CA 92552

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

(951) 413-3008 yxstiang@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 APR 16 2019
(month, day, year)

Signature
(File the originally signed paper statement with your filing official.)

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

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
 Yxstian Gutierrez

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 15425 Camino Grande Drive

CITY
 Moreno Valley, CA. 92551

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

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
 Rancho Belago Property Management

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name _____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Waste Management Annual Legue Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 12 / 18	\$ 84.86	Dinner Social
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____