

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Vargas Michael Martin

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

March Joint Power Commission

Division, Board, Department, District, if applicable

Your Position

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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other **Riverside County**

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

- Annual:** The period covered is January 1, 2022, through December 31, 2022.
- Leaving Office:** Date Left ____/____/____
(Check one circle.)
- The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/____
- Other:** The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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)

101 N. D Street Perris CA 92570

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(951) 943-6100 mayor@cityofperris.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 01/23/20233
(month, day, year)

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

SCHEDULE D
Income – Gifts

Name
 Vargas, Michael Martin

▶ NAME OF SOURCE *(Not an Acronym)*
Rail Events Incorporated

ADDRESS *(Business Address Acceptable)*
479 Main Ave.

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 18 / 23	\$ 380	Train Event Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)*

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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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____



CITY OF PERRIS
Office of the City Clerk

101 NORTH "D" STREET
PERRIS, CALIFORNIA 92570
TEL: (951) 943-6100
FAX: (951) 943-4246

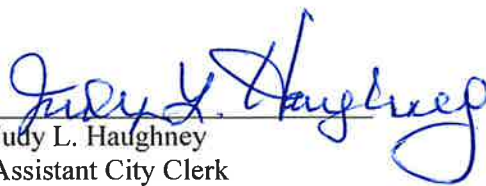
January 23, 2023

March Joint Powers Authority
14205 Meridian Parkway, Suite 140
Riverside, CA 92518
Attention: Cindy Camargo

RE: Annual Form 700-2022 for Mayor Michael M. Vargas

Enclosed please find 1 original of the above-mentioned document. Please let me know if you have any questions or need anything else.

Sincerely,



Judy L. Haughney
Assistant City Clerk

RECEIVED
JAN 30 2023

BY: 