

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received Filing Official Use Only

A PUBLIC DOCUMENT

Please 1	type or	print in ink.		
NAME OF	FILER	(LAST) (FI	RST)	(MIDDLE)
Martir	1		Grace	Isabel
1. Offi	ce, Aç	gency, or Court		
Ager	ncy Nam	e (Do not use acronyms)		
Ма	rch Jo	int Powers Authority		
Divis	ion, Boa	ard, Department, District, if applicable		Your Position
				Chief Executive OFficer
► If	▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)			
	3		,	
Age	ncy:			Position:
2. Jurisdiction of Office (Check at least one box)				
	State		,	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
	olalo			(Statewide Jurisdiction)
	∕lulti-Cou	inty		County of
				Other Riverside County
3. Typ	oe of	Statement (Check at least one box)		
		The period covered is January 1, 2023, December 31, 2023.	through	Leaving Office: Date Left(Check one circle.)
	-or-	The period covered is	, through	<ul> <li>The period covered is January 1, 2023, through the date of leaving office.</li> </ul>
	Assumi	ng Office: Date assumed/	<i></i>	☐ The period covered is/, through the date of leaving office.
	Candida	ate: Date of Election	and office sought.	if different than Part 1:
4. Schedule Summary (required) ► Total number of pages including this cover page:				
Scl	hedul	es attached		
	Sche	dule A-1 - Investments - schedule attach	ed	Schedule C - Income, Loans, & Business Positions - schedule attached
	Sche	dule A-2 - Investments - schedule attach	ed	Schedule D - Income - Gifts - schedule attached
	Sche	edule B - Real Property - schedule attach	ed	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- None - No reportable interests on any schedule				
5. Ver				27.77
	ING ADDF iness or Aq	RESS STREET gency Address Recommended - Public Document)	CITY	STATE ZIP CODE
		leridian Parkway, Suite 140	Rivers	
DAY	TIME TELE	EPHONE NUMBER		EMAIL ADDRESS
( 9		6567000		martin@marchjpa.com
l hav	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 ce	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Date	Signed	02-27-2024	S	ignature / / / / / / / / / / / / / / / / / / /
	-	(month, day, year)		(File the originally signed paper statement with your filing official.)