

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

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Vargas	Michael	M.

**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)**

<input type="checkbox"/> State	<input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input checked="" type="checkbox"/> Other <u>Riverside County</u>

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

<input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2023, through December 31, 2023.	<input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____ (Check one circle.)
<b>-or-</b>	<input type="checkbox"/> The period covered is January 1, 2023, through the date of leaving office.
The period covered is ____/____/____, through December 31, 2023.	<b>-or-</b>
<input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/____	<input type="checkbox"/> 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**

<input type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached	<input type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached
<input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached	<input checked="" type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached
<input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached	<input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached

**-or- None - No reportable interests on any schedule**

**5. Verification**

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
101 N. D Street		Perris	CA	92571
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 03/01/2024  
*(month, day, year)*

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

**SCHEDULE D**  
**Income – Gifts**

Name \_\_\_\_\_

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

ADDRESS *(Business Address Acceptable)*  
**479 Main Ave. Durango, CO 81301**

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)*  
**US Conference of Mayors**

ADDRESS *(Business Address Acceptable)*  
**1620 I St. NW Washington, DC**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 19 23	200	Airpods
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: \_\_\_\_\_