

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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BY: PCB

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Cervantes Clarissa

1. Office, Agency, or Court

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

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST Position:

2. Jurisdiction of Office (Check at least one box)

State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County County of
 City of Other Riverside County

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

Annual: The period covered is January 1, 2023, through December 31, 2023.
-or- The period covered is / / , through December 31, 2023.
 Assuming Office: Date assumed 05 / 21 / 2024
 Leaving Office: Date Left / / (Check one circle.)
 The period covered is January 1, 2023, through the date of leaving office.
-or-
 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: 4

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - 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)
23555 Meyer Drive Riverside CA 92518
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(951) 656-7000 CCervantes@riversideca.gov

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 9/10/24
(month, day, year)

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



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE ATTACHMENT

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Clarissa Cervantes

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Riverside Transit Agency		Alternate Member	Other Public Agency, Western Riverside County	Assuming	05/21/23 - 05/21/24

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Clarissa Cervantes

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Bergmann Zwerdling Direct</u> ADDRESS (Business Address Acceptable) <u>5425 Wisconsin Ave, #600, Chevy Chase MD 20815</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Direct Mail Firm</u> YOUR BUSINESS POSITION <u>Senior Strategist</u>	NAME OF SOURCE OF INCOME <u>Ticketmaster</u> ADDRESS (Business Address Acceptable) <u>9348 Civic Center Dr. Beverly Hills CA 90210</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Resale of two tickets purchased through Ticketmaster</u> YOUR BUSINESS POSITION <u>Ticket Seller</u>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input checked="" type="checkbox"/> Sale of <u>two concert tickets</u> (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City _____ <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
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Comments: _____

SCHEDULE D
Income – Gifts

Name
Clarissa Cervantes

▶ NAME OF SOURCE (Not an Acronym)
Athens Services
ADDRESS (Business Address Acceptable)
689 Iowa Ave, Riverside CA 92507
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Athens Trash Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 07 / 23</u>	<u>\$ 25.00</u>	<u>Lunch meeting</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Nora Moti
ADDRESS (Business Address Acceptable)
285 Green Oaks Drive, Riverside CA 92507
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Registered Nurse

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 13 / 23</u>	<u>\$ 115.00</u>	<u>Bracelet & Earrings</u>
<u>12 / 07 / 23</u>	<u>\$ 30.00</u>	<u>Small Vase</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Bergmann Zwerdling Direct
ADDRESS (Business Address Acceptable)
5425 Wisconsin Ave, #600, Chevy Chase MD 20815
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Direct Mail Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 20 / 23</u>	<u>\$ 49.99</u>	<u>Air Fryer</u>
<u>12 / 28 / 23</u>	<u>\$ 50.00</u>	<u>Knife Set</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Punjab Palace
ADDRESS (Business Address Acceptable)
1766 University Avenue, Riverside CA 92507
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian Restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 02 / 23</u>	<u>\$ 48.85</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Mike Futrell
ADDRESS (Business Address Acceptable)
3900 Main Street, 7th Floor, Riverside 92522
BUSINESS ACTIVITY, IF ANY, OF SOURCE
City Manager, City of Riverside

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 23</u>	<u>\$ 60.00</u>	<u>Dinner cups/glassware and coasters</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Inland Empire United
ADDRESS (Business Address Acceptable)
515 S. Figueroa St., Ste 1110, Los Angeles, CA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Leadership Development Academy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 25 / 24</u>	<u>\$ 65.00</u>	<u>Leadership Graduation Dinner - Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____