

CITY CLERK
MORENO VALLEY
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COVER PAGE

**Recipient Committee
Campaign Statement
Cover Page**

Date Stamp 22 AUG 15 AM 11:00	CALIFORNIA FORM 460
	Page 1 of 5
For Official Use Only	

Statement covers period	Date of Election if applicable
from 07/01/2022	
through 07/29/2022	(Month, Day, Year)

1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1399434

COMMITTEE NAME
Dr. Gutierrez for Mayor 2020

STREET ADDRESS (NO PO BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jennifer Mitchell

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/1/2022 By [Signature]

Executed on 8/1/2022 By [Signature]

Executed on _____ By _____

Executed on _____ By _____

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**Recipient Committee
Campaign Statement
Cover Page - Part 2**

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 5

Statement covers period

from 07/01/2022

through 07/29/2022

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Yxstian Gutierrez

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor City of Moreno Valley

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] Moreno Valley CA 92551

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER
Gutierrez for Supervisor 2022 1439760

NAME OF TREASURER CONTROLLED COMMITTEE?
Jennifer Mitchell YES NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Riverside CA 92501 [REDACTED]

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
[REDACTED] YES NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

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22 AUG 15 AM 11:44

SUMMARY PAGE

**Campaign Disclosure Statement
 Summary Page**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through		Page 3 of 5
		I.D. NUMBER 1399434

NAME OF FILER Dr. Gutierrez for Mayor 2020

	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$ 0.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0.00	\$ 0.00

**Calendar Year Summary for Candidates
 Running in Both the State Primary and
 General Elections.**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 415.75	\$ 588.05
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 415.75	\$ 588.05
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 415.75	\$ 588.05

**Expenditure Limit Summary
 for State Candidates**

22. Cumulative Expenditures Made *
 (If Subject to Voluntary Expenditure Limits)

_____ \$ _____
 _____ \$ _____

* Amounts in this Section may be different from amounts reported in Column B.

Current Cash Statement		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 415.75	
13. Cash Receipts Column A, Line 3 above	0.00	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	
15. Cash Payments Column A, Line 8 above	415.75	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00	
17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2	\$ 0.00	

Cash Equivalents and Outstanding Debts		
18. Cash Equivalents	\$ 0.00	
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 0.00	

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**Schedule D
 Summary of Expenditures
 Supporting/Opposing Other
 Candidates, Measures and Committees**

SCHEDULE D

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	07/29/2022	Page 4 of 5
NAME OF FILER Dr. Gutierrez for Mayor 2020		I.D. NUMBER 1399434

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
07/29/2022	Yxstian Gutierrez Board of Supervisors County of Riverside District 5	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		415.75	415.75	77100.00 (P22) 415.75 (G22)
		<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE				

SUBTOTAL \$ 415.75

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 415.75
- Unitemized contributions and independent expenditures made this period of under \$100. \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) . **TOTAL \$ 415.75**

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SCHEDULE E

**Schedule E
 Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2022	
through	07/29/2022	Page 5 of 5
NAME OF FILER Dr. Gutierrez for Mayor 2020		I.D. NUMBER 1399434

CODES: If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary) | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet,e-mail) |

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gutierrez for Supervisor 2022 Riverside, CA 92501 ID No: 1439760	CTB		415.75

SUBTOTAL \$ 415.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 415.75
2. Unitemized payments made this period of under \$100	\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 415.75