CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS ENO VA Pride Luse of COVER PAGE

A PUBLIC DOCUMENT	COVER
Please type or print in ink.	

16 APR -6 PM 3: 27

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Gutierrez	Yxstian	A	Alberto	
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
City of Moreno Valley				
Division, Board, Department, District, if applied	cable Your Position	1		
City Council District 4	Mayor			
▶ If filing for multiple positions, list below or	r on an attachment. (Do not use acronyms)			
Agency:	Position:			
2. Jurisdiction of Office (Check at le	ast one box)			
State	☐ Judge or C	Court Commissioner (S	tatewide Jurisdiction)	
☐ Multi-County	County of			
Dicity of Morero Va				
City of Traces Va	- Cutter -			
3. Type of Statement (Check at least	one box)			
Annual: The period covered is January December 31, 2015.	y 1, 2015, through Leaving C (Check on			
The period covered is December 31, 2015.	leaving	eriod covered is Janua g office.	ry 1, 2015, through the date of	
Assuming Office: Date assumed	-or-	eriod covered is	_/, through	
Assuming Onice. Date assumed		the date of leaving office.		
Candidate: Election year	and office sought, if different than Part 1	:		
4. Schedule Summary (must com Schedules attached	plete) ► Total number of pages includ	ding this cover pa	age: 1	
Schedule A-1 - Investments - sched	dule attached Schedule C - Inco	ome, Loans, & Busines	ss 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	704		
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public De	CITY ocument)	STATE	ZIP CODE	
	Moreno Valley	CA	92551	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
	aring this statement. I have reviewed this statement are and complete. I acknowledge this is a public docu		nowledge the information contained	
I certify under penalty of perjury under the	he laws of the State of California that the foregoin	ng is true and correc	et.	
Date Signed03/31/2016	Signature			
(month, day, year)	Orgitature	(File the originally signed state	ment with you amno objects.)	