

# Recipient Committee Campaign Statement Cover Page

Date Stamp 22 FEB 2022 11:12	CALIFORNIA FORM <b>460</b>
	Page 1 of 8 For Official Use Only

<b>Statement covers period</b>	<b>Date of Election if applicable</b>
from 07/01/2021	
through 12/31/2021	(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)  
[REDACTED]

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

MAILING ADDRESS (IF DIFFERENT)  
[REDACTED]

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS / jennifer@troastandassociates.com

### Treasurer(s)

NAME OF TREASURER  
Jennifer Mitchell

STREET ADDRESS  
[REDACTED]

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

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS / jennifer@troastandassociates.com

### 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 1/31/2022 By [REDACTED] SIGNATURE OF THE TREASURER OR ASSISTANT TREASURER

Executed on 1/31/2022 By [REDACTED] RE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Statement covers period	Page 2 of 8
from <u>07/01/2021</u>	
through <u>12/31/2021</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE			
Yxstian Gutierrez			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Board of Supervisors - District 5 Riverside County			
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	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COMMITTEE STREET ADDRESS (NO P.O. BOX)			
[REDACTED]			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Riverside	CA	92501	[REDACTED]

COMMITTEE NAME	I.D. NUMBER

NAME OF TREASURER	CONTROLLED COMMITTEE ?
	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
<b>Identify the controlling officeholder, candidate, or state measure proponent, if any.</b>		
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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

Statement covers period from 07/01/2021 through 12/31/2021	CALIFORNIA FORM <b>460</b> Page 3 of 8
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NAME OF FILER Dr. Gutierrez for Mayor 2020

I.D. NUMBER  
1399434

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions . . . . . Schedule A, Line 3	\$ 2,500.00	\$ 2,500.00
2. Loans Received . . . . . Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1+2	\$ 2,500.00	\$ 2,500.00
4. Nonmonetary Contributions . . . . . Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4	\$ 2,500.00	\$ 2,500.00

**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	\$ _____	\$ _____

<b>Expenditures Made</b>		
6. Payments Made . . . . . Schedule E, Line 4	\$ 78,683.65	\$ 78,683.65
7. Loans Made . . . . . Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ 78,683.65	\$ 78,683.65
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	\$ 78,683.65	\$ 78,683.65

**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.

<b>Current Cash Statement</b>	
12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16	\$ 76,721.70
13. Cash Receipts . . . . . Column A, Line 3 above	2,500.00
14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	50.00
15. Cash Payments . . . . . Column A, Line 8 above	78,683.65
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 588.05

17. LOAN GUARANTEES RECEIVED. . . . . Schedule B, Part 2	\$ 0.00
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<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents . . . . .	\$ 0.00
19. Outstanding Debts. . . . . Add Lines 2 + Line 9 in Column B above	\$ 0.00

**Schedule A  
Monetary Contributions Received**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
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through	12/31/2021	Page 4 of 8

NAME OF FILER Dr. Gutierrez for Mayor 2020

I.D. NUMBER  
1399434

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/27/2021	Edison International and Affiliated Entities [REDACTED] Rosemead, CA 91770	OTH		2,500.00	2,500.00	

**SUBTOTAL \$** 2,500.00

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$	2,500.00
2. Amount received this period - unitemized	\$	0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1)	<b>TOTAL \$</b>	<b>2,500.00</b>

**\*\* Contributor Codes**  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

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

SCHEDULE D

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2021	
through	12/31/2021	Page 5 of 8

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)
12/27/2021	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		77,100.00	77,100.00	77100.00 (P22)
		<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE				

**SUBTOTAL \$ 77,100.00**

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. ( Include all Schedule D subtotals. ) ..... \$ 77,100.00
- Unitemized contributions and independent expenditures made this period of under \$100. .... \$ 99.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) . **TOTAL \$ 77,199.00**

**Schedule E  
Payments Made**

SCHEDULE E

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>	
from	07/01/2021	Page	6 of 8
through	12/31/2021	I.D. NUMBER	1399434

NAME OF FILER Dr. Gutierrez for Mayor 2020

**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	DESCRIPTION OF PAYMENT	AMOUNT PAID
Campaign Finance Services [REDACTED] Riverside, CA 92501	PRO		277.65
Crummitt & Associates [REDACTED] Long Beach, CA 90802	PRO		375.00
David Gamino [REDACTED] Moreno Valley, CA 92551		Social media management and photography	800.00
<b>SUBTOTAL \$</b>			<b>1,452.65</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 78,552.65
2. Unitemized payments made this period of under \$100	\$ 131.00
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.)	<b>TOTAL \$ 78,683.65</b>

**Schedule E (Continuation Sheet)  
Payments Made**

SCHEDULE E

Statement covers period		CALIFORNIA FORM <b>460</b>
from	07/01/2021	
through	12/31/2021	Page 7 of 8
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 [REDACTED] Riverside, CA 92501 ID No: 1439760	CTB		77,100.00

**SUBTOTAL \$** 77,100.00

**Schedule I  
Miscellaneous Increases to Cash**

SCHEDULE I

Statement covers period from <u>07/01/2021</u> through <u>12/31/2021</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Dr. Gutierrez for Mayor 2020

DATE RECEIVED	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

**SUBTOTAL \$**

**Schedule I Summary**

1. Itemized increases to cash this period . . . . .	\$	0.00
2. Unitemized payments made this period of under \$100 . . . . .	\$	50.00
3. Total interest received this period on loans made to others. (Schedule H, Column (e).) . . . . .	\$	0.00
4. Total miscellaneous increases to cash this period. Total to Summary Page, Line 14 . . . . .	<b>TOTAL \$</b>	<b>50.00</b>