

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Cabrera Ulises

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
City of Moreno Valley  
Division, Board, Department, District, if applicable  
District 4  
Your Position  
City Council Member

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

Agency: See Attached Position:

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County  County of
- City of Moreno Valley  Other

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left / / (Check one circle.)
- or- The period covered is / / through  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed / /  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 (must complete) ► Total number of pages including this cover page: 5

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)  
14177 Frederick Street Moreno Valley CA 92552  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 951 ) 413-3008 ulises@moval.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 fo

Date Signed 4-1-19  
(month, day, year)

Signature [Redacted]

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name \_\_\_\_\_  
Cabrera, Ulises

**▶ 1. BUSINESS ENTITY OR TRUST**

UMC2 Construction, LLC.  
Name \_\_\_\_\_  
16115 Rancho del lago, Moreno Valley, CA.  
Address (Business Address Acceptable) \_\_\_\_\_  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**  
General Construction

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**FAIR MARKET VALUE**                      **IF APPLICABLE, LIST DATE:**

\$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/18                      \_\_\_\_\_/\_\_\_\_\_/18

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/18                      \_\_\_\_\_/\_\_\_\_\_/18

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

**NATURE OF INVESTMENT**

Partnership     Sole Proprietorship     \_\_\_\_\_ Other

**YOUR BUSINESS POSITION** Partner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- \$0 - \$499                       \$10,001 - \$100,000
- \$500 - \$1,000                       OVER \$100,000
- \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

**FAIR MARKET VALUE**                      **IF APPLICABLE, LIST DATE:**

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/18                      \_\_\_\_\_/\_\_\_\_\_/18

\$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/18                      \_\_\_\_\_/\_\_\_\_\_/18

\$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED

Over \$1,000,000

**NATURE OF INTEREST**

Property Ownership/Deed of Trust                       Stock                       Partnership

Leasehold \_\_\_\_\_ Yrs. remaining                       Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Name \_\_\_\_\_  
Address (Business Address Acceptable) \_\_\_\_\_  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

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**FAIR MARKET VALUE**                      **IF APPLICABLE, LIST DATE:**

\$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/18                      \_\_\_\_\_/\_\_\_\_\_/18

\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/18                      \_\_\_\_\_/\_\_\_\_\_/18

\$10,001 - \$100,000                                      ACQUIRED                      DISPOSED

\$100,001 - \$1,000,000

Over \$1,000,000

**NATURE OF INVESTMENT**

Partnership     Sole Proprietorship     \_\_\_\_\_ Other

**YOUR BUSINESS POSITION** \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- \$0 - \$499                       \$10,001 - \$100,000
- \$500 - \$1,000                       OVER \$100,000
- \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT                       REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

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\$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/18                      \_\_\_\_\_/\_\_\_\_\_/18

\$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/18                      \_\_\_\_\_/\_\_\_\_\_/18

\$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED

Over \$1,000,000

**NATURE OF INTEREST**

Property Ownership/Deed of Trust                       Stock                       Partnership

Leasehold \_\_\_\_\_ Yrs. remaining                       Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Cabrera, Ulises

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 UMC2 Construction, LLC.

ADDRESS (Business Address Acceptable)  
 16115 Rancho del lago, Moreno Valley, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Construction

YOUR BUSINESS POSITION  
 Partner

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 Other \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$500 - \$1,000  \$1,001 - \$10,000  
 \$10,001 - \$100,000  OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary  Spouse's or registered domestic partner's income  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)  
 Loan repayment  
 Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)  
 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  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_ %  None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None  Personal residence  
 Real Property \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
 (Describe)

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

# SCHEDULE D Income - Gifts

▶ NAME OF SOURCE *(Not an Acronym)*  
Waste Management of the Inland Empire

ADDRESS *(Business Address Acceptable)*  
800 S. Temescal St., Corona, CA 92879

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
LOCC Annual Conference-WM Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 12 / 19	\$ 84.86	Dinner
/  /	\$ _____	_____
/  /	\$ _____	_____

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

▶ 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: \_\_\_\_\_

NAME:  
CABRERA, ULISES

ATTACHMENT TO COVER PAGE  
STATEMENT OF ECONOMIC INTEREST

CITY OF MORENO VALLEY  
ADDITIONAL AGENCY POSITIONS

1. MORENO VALLEY COMMUNITY SERVICES DISTRICT – BOARD MEMBER
2. SUCCESSOR AGENCY FOR THE COMMUNITY REDEVELOPMENT AGENCY OF MORENO VALLEY – AGENCY MEMBER
3. MORENO VALLEY HOUSING AUTHORITY – AUTHORITY MEMBER
4. BOARD OF LIBRARY TRUSTEES – BOARD MEMBER
5. MORENO VALLEY PUBLIC FINANCING AUTHORITY – AUTHORITY MEMBER
6. INDUSTRIAL DEVELOPMENT AUTHORITY – AUTHORITY MEMBER
7. MORENO VALLEY PUBLIC FACILITIES FINANCING CORPORATION – BOARD MEMBER
8. MARCH JOINT POWERS COMMISSION (JPC) – COMMISSIONER
9. RIVERSIDE TRANSIT AUTHORITY - ALTERNATE
10. SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS – ALTERNATE