CALIFORNIA FORM 700 FAM POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS L CETY L Date Initial Filing Received CITY OF CORONA COVER PAGE CITY CLERK

Please type or print in ink. 17 MAR 28 AM IO: 55 NAME OF FILER (LAST) 1. Office, Agency, or Court Agency Name (Do not use acronyms) 'acana Division, Board, Department, District, if applicable Your Position Council Member ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) See attacked 2. Jurisdiction of Office (Check at least one box) State ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ Multi-County _ County of _____ Scity of Colona 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2016, through Leaving Office: Date Left ____/___/__ December 31, 2016. (Check one) The period covered is ______, through O The period covered is January 1, 2016, through the date of December 31, 2016. leaving office. -or-Assuming Office: Date assumed ____ O The period covered is _____ the date of leaving office. Candidate: Election year __ ___ and office sought, if different than Part 1: ___ 4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: _ 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 □ None - No reportable interests on any schedule
 5. Verification MAILING ADDRESS STATE (Business or Agency Address Recommended - Public Document) DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (961) 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 corr Date Signed ___ Signature

Statement of Economic Interests

Cover Page

Expanded Statement List

City of Corona – Member, Successor Agency
Riverside County Transportation Commission – Alternate Member
Riverside County Habitat Conservation Agency – Member
Western Riverside Council of Governments – Alternate Member

SCHEDULE B

Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 70	0
Name	

A COMPANIE OF THE SECOND OF TH		
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	
290190028-3		
Riverside County	CITY	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 16 / 16 16	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST	
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement	
Leasehold Other	Leasehold Other	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED	
\$0 - \$499	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	
\$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000	
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	
None	None	
The second of th		
You are not required to report loans from commercial le	nding institutions made in the lender's regular course of	
loans received not in a lender's regular course of busine	rithout regard to your official status. Personal loans and	
NAME OF LENDER*	NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)	
%	%	
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 DVER \$100,000	
Guarantor, if applicable	Guarantor, if applicable	
omments:		

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FOR	and the second
Name	

1 INCOME RECEIVED	NCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Inland Empire Rescue Mission	
ADDRESS (Business Address Acceptable) 420 W. Harrison Corona CA92880	ADDRESS (Business Address Acceptable)
420 W. Harrison Corone CA92480	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transitional Housing	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Director	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,000
€ \$10,001 - \$100,000 □ OVER \$100,000	\$10,001 - \$100,000 DVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other
LOANS RECEIVED OR OBJECT WING THE REPORTING REPORTING REPORTING	(Describe)
Section 100	
You are not required to report loans from commercial lend retail installment or credit card transaction, made in the lei members of the public without regard to your official status regular course of business must be disclosed as follows:	nder's regular course of business on terms available to
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other(Describe)
	(Describe)
Comments:	