**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Date Initial Filing Received
*Official Use Only*

Filed Date: 12/26/2018 10:30 AM
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*Please type or print in ink.*

NAME OF FILER    (LAST)                (FIRST)                                              (MIDDLE)
Steiner                                 Jim

## 1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Corona

Division, Board, Department, District, if applicable          Your Position

City Council Member

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

Agency: _____          Position: _____

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

☐ State                                                    ☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____          ☐ County of _____

☒ City of Corona                                      ☐ Other _____

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

☐ **Annual:** The period covered is January 1, 2017, through December 31, 2017.
    -or-
    The period covered is ___/___/_____, through December 31, 2017.

☒ **Assuming Office:** Date assumed 12 / 10 / 2018

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/_____
    *(Check one)*
    ○ The period covered is January 1, 2017, through the date of leaving office.
    -or-
    ○ The period covered is ___/___/_____, through the date of leaving office.

## 4. Schedule Summary (must complete)   ► *Total number of pages including this cover page:* ___1___

*Schedules attached*

☐ **Schedule A-1** - *Investments* – schedule attached
☐ **Schedule A-2** - *Investments* – schedule attached
☐ **Schedule B** - *Real Property* – schedule attached

☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
☐ **Schedule D** - *Income – Gifts* – 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)*

400 S. Vicentia Avenue                                  Corona              CA          ███████

DAYTIME TELEPHONE NUMBER                                 E-MAIL ADDRESS
( 951 ) ███████████                                      ████████████████████████

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 correct.**

Date Signed _____12/26/2018 10:30 AM_____          Signature _____Electronic Submission_____
          *(month, day, year)*                              *(File the originally signed statement with your filing official.)*

FPPC Form 700 (2017/2018)
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