

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

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CITY OF CORONA  
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2022 AUG 13 AM 12:30

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Greenwood Gary Bruce

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable

Your Position

CANDIDATE

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

Agency: CITY OF CORONA Position: CITY COUNCIL MEMBER

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

State

Judge, Retired Judge, Pro Tem 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, 2021, through  
December 31, 2021.

Leaving Office: Date Left \_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_\_, through  
December 31, 2021.

The period covered is January 1, 2021, through the date of  
leaving office.

-or-

Assuming Office: Date assumed \_\_\_\_\_

The period covered is \_\_\_\_\_, through  
the date of leaving office.

Candidate: Date of Election 11-8-2022 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete)

▶ Total number of pages including this cover page: 1

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)

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

I certify under penalty of perjury under the laws of the State of California

Date Signed 8/12/22  
(month, day, year)

Sign

Print

Clear