

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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BY:

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Corona Malcolm

COPY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Perris
Division, Board, Department, District, if applicable
Your Position
City Council
City Councilmember

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

Agency: March Joint Powers Authority Position: Alternate

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 Perris Other JPA

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

Annual: The period covered is January 1, 2020, through December 31, 2020.
-or-
The period covered is _____, through December 31, 2020.
 Assuming Office: Date assumed _____ and office sought, if different than Part 1: _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one circle.)
○ The period covered is January 1, 2020, 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: 2

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)
101 N. D Street Perris CA 92570
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(951) 943-6100 mcorona@cityofperris.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 foregoing is true and correct.

Date Signed 03-30-2021
(month, day, year)

Signature
(File the originally signed paper statement with your filing official.)

SCHEDULE D Income – Gifts

Name
Malcolm Corona

▶ NAME OF SOURCE (Not an Acronym)
Action Star Games

ADDRESS (Business Address Acceptable)
681 E. Ellis Ave., Perris, CA 92570

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Paintball Park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 20	\$ 80.00	Entry to Park
	\$	
	\$	

▶ 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: _____

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Clear