Recipient Committee Date Stamp CALIFORNIA **Campaign Statement FORM Cover Page** RECEIVED Page Statement covers period Date of election if applicable: SEP 2 8 2016 For Official Use Only (Month, Day, Year) 07/01/2016 09/24/2016 11/08/2016 SEE INSTRUCTIONS ON REVERSE through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: Preelection Statement Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Quarterly Statement O State Candidate Election Committee Committee ☐ Semi-annual Statement ☐ Special Odd-Year Report ○ Recall O Controlled ☐ Termination Statement O Sponsored (Also Complete Part 6) (Also Complete Part 5) (Also file a Form 410 Termination) Amendment (Explain below) ☐ General Purpose Committee Primarily Formed Candidate/ O Sponsored Officeholder Committee O Small Contributor Committee (Also Complete Part 7) O Political Party/Central Committee LD. NUMBER 3. Committee Information Treasurer(s) 1379293 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Malcolm Corona for Perris City Council 2016 Malcolm Corona MAILING ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS (IF DIFFERENT) NO, AND STREET OR P.O. BOX MAILING ADDRESS CITY ZIP CODE AREA CODE/PHONE CITY STATE STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is tru 09/28/2016 Executed on Date 09/28/2016 Executed on . Signature of Controlling Officerrotter, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent Executed on Signature of Controlling Officeholder, Candidate, State Measure Proponent

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460

Page 2 of 8

5.	Officeholder or Candidate Controlled Commi	ttee		6.	Primarily Formed Ballo	t Measure C	ommittee		
	NAME OF OFFICEHOLDER OR CANDIDATE		 		NAME OF BALLOT MEASURE				
	Malcolm Corona								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF A	PPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION	١		SUPPORT OPPOSE
	City Councilmember								
2	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	ΤΥ	STATE ZIP		Identify the controlling office	holder, candid	ate, or state	measure pro	pponent, if any.
		<u> </u>			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	PONENT		
	Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your candi	are primarily f			OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
	Communions of make experiencies on benan or your candr	uacy.							
	COMMITTEE NAME	I.D. NUMBER	_						
	NAME OF TREASURER	CONTROLLEI	D COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Office for which this c	holder Co committee is p	mmittee i	List names of ned.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO				NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP CO	I.D. NUMBER	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE
		70.854			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	☐ YES	O COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	SHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP CO	7.0	AREA CODE/PHONE		Attac	ch continuation	n sheets if ne	ecessary	1

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA 460

Statement covers period

from .

07/01/2016

SEE INSTRUCTIONS ON REVERSE					through .	09/24/2016	Page 3 of 8
NAME OF FILER Malcolm Corona for Perris City Council 2016							I.D. NUMBER 1379293
Contributions Received	(F	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column CALENDAR Y TOTAL TO D	'EAR	Running in Both th	mary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3	s	2539.00	s	25	539.00	General Elections	
2. Loans Received	Ψ	3000.00	•	30	00.00	1/1 1	arough 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	s	5539.00	s	55	539.00	20. Contributions Received \$	s
4. Nonmonetary Contributions	Ĭ	20.00			20.00	21. Expenditures	· · · · · · · · · · · · · · · · · · ·
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	5559.00	\$	55	559.00	Made \$	 \$
Expenditures Made						Expenditure Limit \$	Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	61	161.28	Candidates	
7. Loans Made Schedule H, Line 3		0			0	22. Cumulati	ve Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	61	161.28		Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		0			0	Date of Election	Total to Date
10. Nonmonetary Adjustment		0			0	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE	\$	6161.28	\$	61	161.28	/	_ \$
Current Cash Statement						//	_ \$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	2240.68	l _{To}	calculate Colum	nn R		
13. Cash Receipts		5539.00	ad	d amounts in Co	olumn		
14. Miscellaneous Increases to Cash Schedule I, Line 4		0		o the correspon tounts from Cole		*Amounts in this section r reported in Column B.	nay be different from amounts
15. Cash Payments		6161.28		your last report. lounts in Colum		reported in Coldini b.	
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	1618.40	be	negative figure:	s that		
If this is a termination statement, Line 16 must be zero.			pre	ould be subtract evious period an	nounts. If		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	file	s is the first repo d for this calend ly carry over the	dar year,		
Cash Equivalents and Outstanding Debts				m Lines 2, 7, ar			
18. Cash Equivalents See instructions on reverse	\$			•			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	3000.00					FPPC Form 460 (Jan/2016)
						FPPC Advice: adv	ice@fppc.ca.gov (866/275-3772) www.fnpc.ca.gov

Schedule Monetary	A Contributions Received		nts may be rounded whole dollars.	Statement covers period CALIFORNIA 4 FORM				
SEE INSTRUCTIO	NS ON REVERSE			through09/2	24/2016	Page		
NAME OF FILER						1.D. NL 13792	JMBER 293	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
09/01/2016	Malcolm Corona	ØIND □COM □OTH □PTY □SCC	Teacher, Perris Union High School District	1540.00	1540	.00		
08/20/2016	Deedra Corona	☑IND □COM □OTH □PTY □SCC	Retired	999.00	999	.00		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 2539.00				
Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)			2539.00 0	CON	(other		

2. Amount received this period – unitemized monetary contributions of less than \$100\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.).....TOTAL \$ _

3. Total monetary contributions received this period.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

PTY - Political Party SCC - Small Contributor Committee

2539.00

	Am	ounts may be ro	unded				SCHE	DULE B - PART 1
Schedule B – Part 1		**************************************					14 160	
Loans Received					from 07/0	01/2016	FORM	" 400
SEE INSTRUCTIONS ON REVERSE					through09	//24/2016	Page 5	of _8_
NAME OF FILER							I.D. NUMBER	
Malcolm Corona for Perris City Council 20	016						1379293	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	EN. CLOSE OF THIS	PAID THIS	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Malcolm Corona	Teacher, Perris Union			☐ PAID				CALENDAR YEAR
	High School District			s	<u>0</u> s 3000.00		\$ 3000.00	s
				FORGIVEN		RATE	1	PER ELECTION**
† DIND □ COM □ OTH □ PTY □ SCC		s0	s_3000.00	s	O N/A DATE DUE	s0	08/20/16 DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				s	_ \$	%	\$	\$
				FORGIVEN	-	RATE		PER ELECTION**
[†] □IND □COM □OTH □PTY □SCC		s	\$	s	DATE DUE	s	DATE INCURRED	s
				☐ PAID				CALENDAR YEAR
				_	s		s	s
				FORGIVEN	_	RATE		PER ELECTION**
†□IND ⊡ COM □ OTH □ PTY □ SCC		s	\$	\$	DATE DUE	- s	DATE INCURRED	s
	1010	OUDTOTALO F	0000 00 0		0.6 0000.00	• 0	(- ×	
		SUBTOTALS \$	3000.00		0 \$ 3000.00			1 100
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$ _	3000.00	_		
(Total Column (b) plus unitemized loan				•		(+0	Contributor Codes	
				¢	n	l INI	D – Individual	
Loans paid or forgiven this period (Total Column (c) plus loans under \$10		,	****************	Ф			OM - Recipient C	
(Include loans paid by a third party that		dule A.)				0.	other than ,,TH – Other (e.g	PTY or SCC) business entity)
						P1	TY - Political Part	у
3. Net change this period. (Subtract Line			*****************		3000.00		JC – Small Contri	butor Committee
Enter the net here and on the Summar	y Page, Column A, Line 2.				(May be a negative number			

FPPC Form 460 (Jan/2016)

www.fppc.ca.gov

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

	etary Contributions Received		Amounts may be rounded to whole dollars.		fror	Statement covers p m07/01/20 ough09/24/20	16	FOI Page	6 of 8
	corona for Perris City Council 2016							1.D. NUMB	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
		IND COM OTH PTY SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC							
Attach additi	ional information on appropriately labeled	continuation :	sheets.	SUBTO	TAL S	\$			
1. Amount re	C Summary eceived this period – itemized nonmonetary Schedule C subtotals.)	y contribution	ıs.		\$_		IND -		

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....TOTAL \$ _

3. Total nonmonetary contributions received this period.

FPPC Form 460 (Jan/2016)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

PTY - Political Party

20.00

20.00

0.1.1.1.5	A								SCHEDULE E					
Schedule E Amounts may be rounded to whole dollars. Payments Made					nt covers po	`	CALIFOR FORM							
· ayonc made				froi	m	07/01/201	<u> </u>	FURI	vi					
SEE INSTRUCTIONS ON REVERSE				thre	ough	09/24/20			7_ of 8_					
NAME OF FILER							1	.D. NUMBE	R					
Malcolm Corona for Perris City Council 2016							1	379293						
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circu PHO phone banks POL polling and s POS postage, deli	munications d appearance ses lating urvey reseal very and me	es	RAD RFD SAL	radio ai returne campai t.v. or c candida staff/sp transfer voter re	rtime and priding contribution gin workers' able airtime te travel, locuse travel, between congistration	oduction cost ns salaries and production dging, and me lodging, and	on costs eals meals the same c	andidate/sponsor ail)					
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTIO	N OF PAY	MENT			AMOUNT PAID					
Voter Newsletter		LIT	Slate Mailer						575.00					
Cal Sal		LIT	Slate Mailer						253.00					
Larry Levine's Election Digest G2016		LIT	Slate Mailer						712.00					
* Payments that are contributions or independent expenditures must also be	summarized on Sche	dule D.			*************************************		SUBTO	OTAL \$	1540.00					
Schedule E Summary														
1. Itemized payments made this period. (Include all Schedule	E subtotals.)	***********						\$	5977.91					
2. Unitemized payments made this period of under \$100	•								183.37					
3. Total interest paid this period on loans. (Enter amount from									0					
									6161.28					
rotal payments made this period. (Add Lines 1, 2, and 3, E	THE HEIE AND ON	nic Juliil	iary Faye, Colui	an A, Lille	U. J		Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)							

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Malcolm Corona for Perris City Council 2016 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. CMP campaign paraphemalia/misc. CMS campaign consultants CTB contribution (explain nonmonetary)* CTC code contribution (explain nonmonetary)* CTB contribution (explain nonmonetary)* CTB contribution (explain nonmonetary)* FIL candidate filing/ballot fees FIND independent expenditure supporting/opposing others (explain)* FIND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services period (normal covers period (prom dollars). Statement covers period (prom dollars) Fall (normal) (1/2016 (prom dollars) FIND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services professional services (legal, accounting) port ovoter registration (prom dollars). Statement covers period (prom dollars) Page 2 of 2 LEG (statement covers period (prom dollars) Page 3 of 2 LIF contribution (explain contributions) RAD radio airlime and production costs returned contributions RAD radio airlime and production costs returned contributions RAD radio airlime and production costs campaign workers' salaries FIL t. v. or cable airlime and production costs FIRC candidate filing/ballot fees POL plone banks FIRC candidate travel, lodging, and meals TSS tarfif/spouse travel, lodging, and meals TSS tarfif/spouse travel, lodging, and meals TSS transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)				
Continuation Sheet Payments Made Form O7/01/2016 Form O7/01/2016 Form O7/01/2016 Form O7/01/2016 Form O9/24/2016 Page Of See instructions on Reverse Indicate the payment of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Code	Sahadula E			SCHEDULE E (CONT.
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CMP campaign paraphernalia/misc. CNS campaign consultants COTE contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense MBR member communications MER member communications meetings and appearances MFD meetings and appearances MFD meetings and appearances FRD FRD FRD FRD polition circulating POL phone banks POL postage, delivery and messenger services professional services (legal, accounting) POT Table and production costs radio airlime and production costs campaign workers' salaries t.v. or cable airlime and production costs t.v. or cable airlime and pr	CODES: If one of the following codes accurately descri	ibes the payment, you may enter the code. O	therwise, describe the payment.	
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FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense POL polling and survey research POS postage, delivery and messenger services professional services (legal, accounting) POS postage, delivery and messenger services professional services (legal, accounting) POS postage, delivery and messenger services professional services (legal, accounting) POS postage, delivery and messenger services professional services (legal, accounting) POS postage, delivery and messenger services professional services (legal, accounting) POS postage, delivery and messenger services professional services (legal, accounting) POS postage, delivery and messenger services professional services (legal, accounting)	*	•	•	
IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services professional services (legal, accounting) PRO professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor voter registration	· ·	· · · · · · · · · · · · · · · · · · ·		
LEG legal defense PRO professional services (legal, accounting) VOT voter registration				
14/50 information to be be a sector of the s				
	LIT campaign literature and mailings	PRT print ads		s (internet, e-mail)

LEG legal defense LIT campaign literature and mailings	PRO profess	sional services (le	gal, accounting) VOT voter registration WEB information technology costs (intern	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	<u> </u>	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Latino Family Voter Guide		LIT	Slate Mailer	350.00
City of Perris		FIL		525.00
LaLaLand		LIT	Campaign Signs and Flyers	3228.92
Costco		OFC		134.99
NationBuilder		WEB		199.00
* Payments that are contributions or independent expenditures must also be	be summarized or	n Schedule D.	SUBTOT	AL\$ 4437.91