

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

(Government Code Section 84206)

Type or print in ink.

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SHORT FORM

CALIFORNIA  
FORM **470**

For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

11/11/2014

**Amendment** (Explain Below)

1. Statement Covers Calendar Year 20 14 .

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

Gwendolyn Cross

STREET ADDRESS

CITY

Los Angeles

AREA CODE/DAYTIME PHONE NUMBER

STATE

CA

ZIP CODE

90008

OPTIONAL: FAX / E-MAIL ADDRESS

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

Sought Moreno Valley City Council, Dist. 4

JURISDICTION (LOCATION)

Riverside

DISTRICT NUMBER  
(IF APPLICABLE)

4

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
Gwendolyn Cross for City Council 2014 1360513	Los Angeles, CA 90008	Tina McKinnor

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

DATE

July 10, 2014

By

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

[Redacted Signature]