CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Magee (FIRST) Robert (MIDDLE) E

1. Office, Agency, or Court
Agency Name: (Do not use acronyms) City of Lake Elsinore
Division, Board, Department, District, if applicable
Your Position: Mayor Pro Temp

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

Agency: Position:

Date Filing Received: Feb 8, 2016
RECEIVED
City Clerk's Office

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

☐ State
☐ Multi-County
☐ City of Lake Elsinore

☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of
☐ Other

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

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left __ / __ / __

☐ The period covered is __ / __ / __, through December 31, 2015.
☐ The period covered is __ / __ / __, through the date of leaving office.

☐ Assuming Office: Date assumed __ / __ / __

☐ Candidate: Election year __________ and office sought, if different than Part 1:

4. Schedule Summary (must complete) 
Total number of pages including this cover page: 2.

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

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
3248 Beechwood Lane Lake Elsinore CA 92530
STREET
CITY
STATE
ZIP CODE

DAYTIME TELEPHONE NUMBER (951) 865-7782
E-MAIL ADDRESS rmagee@vcbs.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 2/11/16
(month, day, year)

Signature

Please type or print in ink.

FPCC Form 700 (2015/2016)
FPCC Advice Email: advice@fpcc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fpcc.ca.gov
SCHEDULE C

Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

NAME OF SOURCE OF INCOME

County of Riverside

ADDRESS (Business Address Acceptable)

4030 Lemon St., Riverside

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Government Services

YOUR BUSINESS POSITION

District Director

GROSS INCOME RECEIVED

☑ $1,001 - $10,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☑ Salary

☑ Spouse’s or registered domestic partner’s income

☑ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☑ Sale of

☑ Loan repayment

☑ Commission or

☑ Rental Income, list each source of $10,000 or more

☐ Other

☐ (Describe)

☐ (Describe)

GROSS INCOME RECEIVED

☐ $500 - $1,000

☐ $10,001 - $100,000

☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary

☐ Spouse’s or registered domestic partner’s income

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of

☐ Loan repayment

☑ Commission or

☑ Rental Income, list each source of $10,000 or more

☐ Other

☐ (Describe)

☐ (Describe)

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS Activity, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☑ $500 - $1,000

☑ $1,001 - $10,000

☑ $10,001 - $100,000

☑ OVER $100,000

Comments: