

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA FORM 460

Page 1 of 20

For Official Use Only

JUL 29 '16 PM 2:20

Statement covers period
from 11/1/16
through 6/30/16

Date of election if applicable:
(Month, Day, Year)
11/8/16

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
(Also Complete Part 5)
- General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1254151

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Re-Elect Bob Magee to the Lake Elsinore City Council 2016

STREET ADDRESS (NO P.O. BOX)
32400 Beechwood Lane 951-805-7782

CITY STATE ZIP CODE AREA CODE/PHONE
Lake Elsinore CA 92530

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Bob Magee

MAILING ADDRESS
32400 Beechwood Lane 951-805-7782

CITY STATE ZIP CODE AREA CODE/PHONE
Lake Elsinore, CA 92530

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein 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 true and correct.

Executed on 7/20/16
Date

Executed on 7/20/16
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of _____
Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Page 2 of 20

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Bob Magee

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lake Elsinore City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

32400 Beechwood Lane, Lake Elsinore
CA 92530

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| Page <u>3</u> of <u>20</u> | I.D. NUMBER <u>1254151</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bob Magee

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ <u>29,373</u> | \$ <u>29,373</u> |
| 2. Loans Received Schedule B, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ <u>29,373</u> | \$ <u>29,373</u> |
| 4. Nonmonetary Contributions Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ <u>29,373</u> | \$ <u>29,373</u> |

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

| | 1/1 through 6/30 | 7/1 to Date |
|----------------------------|------------------|-------------|
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made Schedule E, Line 4 | \$ <u>11,286.49</u> | \$ <u>11,286.49</u> |
| 7. Loans Made Schedule H, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ <u>11,286.49</u> | \$ <u>11,286.49</u> |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ <u>11,286.49</u> | \$ <u>11,286.49</u> |

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|---------------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ <u>42,642.55</u> |
| 13. Cash Receipts Column A, Line 3 above | \$ <u>29,273.00</u> |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | \$ <u>0</u> |
| 15. Cash Payments Column A, Line 8 above | \$ <u>11,286.49</u> |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>60,629.06</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

| | |
|---|-------------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ <u>0</u> |
|---|-------------|

Cash Equivalents and Outstanding Debts

| | |
|---|-------------|
| 18. Cash Equivalents See instructions on reverse | \$ <u>0</u> |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ <u>0</u> |

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| Page <u>4</u> of <u>20</u> | I.D. NUMBER <u>1254151</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bob Magee

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| <u>1/15/16</u> | <u>Dave Jeffers 19 Spectrum Point #609 Lake Forest, CA 92630</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Dave Jeffers Consulting Inc, Landuse Consultant</u> | <u>\$100.00</u> | | |
| <u>1/15/16</u> | <u>Jack Ferguson, CPA 31569 Canyon Estates Dr. #112 Lake Elsinore, CA 92530</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Jack Ferguson, CPA Accountant</u> | <u>\$100.00</u> | | |
| <u>1/15/16</u> | <u>Michael & Lisa Lovallo 6601 N. Tower Circle Dr. Lincolnwood IL 60712</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Attorney</u> | <u>\$100.00</u> | | |
| <u>1/15/16</u> | <u>Werner Corp P.O. Box 77850 Corona, CA 92877</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>\$2,000.00</u> | | |
| <u>1/15/16</u> | <u>T & B Planning 17542 E. 17th Street Suite #100 Tustin, CA 92780</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>\$100.00</u> | | |
| SUBTOTAL \$ | | | | <u>2,400.00</u> | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 29,174
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 199.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 29,373

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|---------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/16 | |
| through | 6/30/16 | Page <u>5</u> of <u>20</u> |
| NAME OF FILER | | I.D. NUMBER |
| Bob Magee | | 1254151 |

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 1/15/16 | Golden Office Trailer, Inc. P.O. Box 669 Wildomar, CA 92595 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250.00 | | |
| 1/15/16 | Star Milling Co. P.O. Box 1987 Perris, CA 92572 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250.00 | | |
| 1/15/16 | Foremost Communities 4590 Ma Carthur Blvd. Suite 600 Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | | |
| 1/19/16 | Majestic Realty Co. 13191 Crossroads Parkway N. City of Industry, CA 91746 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | | |
| 1/19/16 | Norman M. Brady 3835 E. Thersched Oaks Blvd. St. R269 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Norman Industries owner | \$2,000.00 | | |
| SUBTOTAL \$ | | | | \$4,000.00 | | |

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 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|-------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| Page <u>6</u> of <u>70</u> | I.D. NUMBER <u>1254151</u> |

NAME OF FILER

Bob Magee

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 1/23 | <i>Civic Partners 7777 Center Ave., Suite 230 Huntington Beach, CA 92647</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$250.00</i> | | |
| 1/25 | <i>Robertson's P.O. Box 3600 Corona, CA 92878</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$1,000.00</i> | | |
| 1/25 | <i>Matthew Fagan Consultant 42011 Avenida Vista Ladera Temecula, CA 92591</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$250.00</i> | | |
| 1/25 | <i>Earle S. Enterprises 33413 Susan Grace Ct. Temecula, CA 92592</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$100.00</i> | | |
| 2/1 | <i>Ed & Lynn Magee 7069 Temple Terrace San Diego, CA 92119</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | <i>\$400.00</i> | | |
| SUBTOTAL \$ | | | | <i>2,000.00</i> | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| Page <u>7</u> of <u>20</u> | I.D. NUMBER <u>1254151</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Bob Magee

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| <i>2/1</i> | <i>Lewis Investment Company 1156 N. Mountain Ave. Upland, CA 91786</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$250.00</i> | | |
| <i>2/1</i> | <i>AdKan Engineers 6879 Airport Drive Riverside, CA 92504</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$250.00</i> | | |
| <i>2/1</i> | <i>Elsinore Barber & Beauty 115 N. Main Street Lake Elsinore, CA 92530</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$100.00</i> | | |
| <i>2/1</i> | <i>CR & R P.O. Box 125 Stanton, CA 90680</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$1,000.00</i> | | |
| <i>2/3</i> | <i>Joseph Rivani 3470 Wilshire Blvd, Suite 1020 Los Angeles, CA 90010-3910</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Self Employed Developer</i> | <i>\$500.00</i> | | |
| SUBTOTAL \$ | | | | <i>2,100.00</i> | | |

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized monetary contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|------------------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>11/1/16</u> | through <u>6/30/16</u> | |
| | | Page <u>8</u> of <u>20</u> |

| | |
|-----------------------------------|-------------------------------|
| NAME OF FILER <i>Bob Magee</i> | I.D. NUMBER <i>1254151</i> |
|-----------------------------------|-------------------------------|

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| <i>2/3</i> | <i>Meba Property Development 4845 Valley Blvd. #630 Rosemead, CA 91770</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$1000.00</i> | | |
| <i>2/3</i> | <i>Kristina Anderson 22268 Walnut Drive Wildomar, CA 92595</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Self Employed: Anderson Professional Services</i> | <i>\$200.00</i> | | |
| <i>2/3</i> | <i>Temescal Elsinore Partners 2801 Harbor View Drive Carona Del Mar, CA 92625</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$199.00</i> | | |
| <i>2/3</i> | <i>Frank Schiavone 321 S. Juniper Hemet, CA 92543</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired - Contractor</i> | <i>\$100.00</i> | | |
| <i>2/3</i> | <i>Reality Center 30713 Riverside Dr. Lake Elsinore, CA 92530</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$100.00</i> | | |
| SUBTOTAL \$ | | | | <i>1,599.00</i> | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>9</u> of <u>20</u> |
| I.D. NUMBER <u>1254151</u> | |

NAME OF FILER

Bdy Magee

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 2/3 | Mark Chan Development 41635 Enterprise Cir., North "B" Temecula, CA 92590 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250.00 | | |
| 2/3 | ETHOF II Lakeside LLC 430 32nd Street, #200 Newport Beach, CA 92663 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1000.00 | | |
| 2/3 | VCS Environmental 30900 Rancho Viejo Road, #100 San Juan Capistrano, CA 92675 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$250.00 | | |
| 2/3 | Gail Materials 10060 Dawson Canyon Rd. Corona, CA 92883 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | | |
| 2/3 | Leonard Leichnitz 1830 Port Carlow Place Newport Beach, CA 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Self Employed - Lumos Communities | \$500.00 | | |
| SUBTOTAL \$ | | | | <u>2500.00</u> | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>10</u> of <u>20</u> |
| I.D. NUMBER <u>1254151</u> | |

NAME OF FILER

Bob Magee

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| <u>2/3</u> | <u>WON YOO - Ranfac 27431 Enterprise Cr. W. #201 Tremecula, CA 92500</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>\$1000.00</u> | | |
| <u>2/3</u> | <u>Christine Jeffries 17668 Grand Ave. Lake Elsinore, CA 92530</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Self Employed Property Management</u> | <u>\$200.00</u> | | |
| <u>2/3</u> | <u>Mancke Properties P.O. Box 1209 Wildomar, CA 92595</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>\$200.00</u> | | |
| <u>2/3</u> | <u>Erik Lunde 29 Balboa Coves Newport Beach, CA 92663</u> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <u>Self Employed Developer</u> | <u>\$750.00</u> | | |
| <u>2/3</u> | <u>Imperial Medical Management P.O. Box 211 Lake Elsinore, CA 92531</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>\$500.00</u> | | |
| SUBTOTAL \$ | | | | <u>2150.00</u> | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT)

| | |
|---|-------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>11</u> of <u>20</u> |
| | I.D. NUMBER <u>1254151</u> |

NAME OF FILER

Eds Magee

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| <i>2/3</i> | <i>Ruth Atkins 15237 Lake Trail Cir Lake Elsinore,</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Retired</i> | <i>\$100.00</i> | | |
| <i>2/3</i> | <i>Wayne Kiley 2279 Eagle Glen Pkwy #112-211 Corona, CA 92883</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Self Employed Developer</i> | <i>\$500.00</i> | | |
| <i>2/3</i> | <i>K & A Engineers 357 W. Sheridan #117 Corona, CA 92880</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$250.00</i> | | |
| <i>2/3</i> | <i>Sam Alhadeff 28765 single oak Dr. Suite #140 Temecula, CA 92590</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Attorney</i> | <i>\$150.00</i> | | |
| <i>2/3</i> | <i>Dave Leonard & Associates 1770 Iowa Ave #100 Riverside, CA 92507</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$125.00</i> | | |
| SUBTOTAL \$ | | | | <i>1125.00</i> | | |

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(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|-------------------------|---------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/16 | |
| through | 6/30/16 | Page <u>12</u> of <u>20</u> |
| NAME OF FILER | | I.D. NUMBER |
| Bob Magee | | 1254151 |

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 2/16 | John Harvil P.O. Box 1569 Cordova, AK 99574 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | \$ 250.00 | | |
| 2/16 | Sheffoff Realty Investments 2 Park Plaza, Suite #700 Irvine, CA 92606 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 1,000.00 | | |
| 2/16 | Southern Cal. Investors 43414 Business Park Dr. Fremont, CA 92590 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 1,000.00 | | |
| 2/16 | JR Entertainment P.O. Box 35979 Westminster, CO 80035 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$ 500.00 | | |
| 2/16 | Gary & Kari Johnson 27455 Peach St. Pewee, CA 92570 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Have Thank Will Travel Self-Employed. | \$ 200.00 | | |
| SUBTOTAL \$ | | | | 2950.00 | | |

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CON1)

| | |
|---|-------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>13</u> of <u>20</u> |
| | I.D. NUMBER <u>1259151</u> |

NAME OF FILER

Bob Magee

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| <i>2/17</i> | <i>Buntsee Waste Industries 9890 Cherry Ave. Fontana, CA 92335</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$1000.00</i> | | |
| <i>2/29</i> | <i>So. Cal. Edison P.O. Box 700 Rosemead, CA 91776</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$500.00</i> | | |
| <i>3/1</i> | <i>Robert A. Brady P.O. Box 1172 Lake Elsinore, CA 92531</i> | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | <i>Consultant</i> | <i>\$250.00</i> | | |
| <i>3/6</i> | <i>Lake Elsinore Hotel & Casino 20930 Malaga Road Lake Elsinore, CA 92530</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$1,000.00</i> | | |
| <i>3/9</i> | <i>Beresford Properties LLC 330 Wilshire Blvd Santa Monica, CA 90401</i> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <i>\$5,000.00</i> | | |
| SUBTOTAL \$ | | | | <i>7,750.00</i> | | |

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 (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | |
|---|-------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>14</u> of <u>20</u> |
| | I.D. NUMBER <u>1254151</u> |

NAME OF FILER

Bob Magee

| 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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| <u>4/7/16</u> | <u>Well Said Communication 31842 Cerele Chamberlin Fremont, CA 92591</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>\$100.00</u> | | |
| <u>6/30/16</u> | <u>EMS Management LLC 6363 S. Fiddlers Green Cir Greenwood Village, CO 80111</u> | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <u>\$500.00</u> | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | <u>600.00</u> | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

| | |
|---|--------------------------------|
| Statement covers period from <u>4/2/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>15</u> of <u>20</u> |
| I.D. NUMBER <u>1254151</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bob Magee

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-------------|---|--|---------------------------|--------------------|---|------------------------------------|
| 3/15/16 | Friends of Brian Tisdale ID# 1329587 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Donation | \$ 200.00 | | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/15/16 | Jeff Stone for Congress ID# C00603423 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Donation | \$ 250.00 | | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 3/29/16 | Kevin Jervies for Supervisor - 2016 ID# 1334977 | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | Donation | \$ 100.00 | | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL \$ | | | | <u>550.00</u> | | |

Schedule D Summary

| | |
|--|--------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) | \$ <u>1,550.00</u> |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 | \$ <u>0</u> |
| 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) | TOTAL \$ <u>1,550.00</u> |

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| Page <u>16</u> of <u>20</u> | I.D. NUMBER <u>1254151</u> |

NAME OF FILER

Bob Magee

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------------|---|--|---------------------------|--------------------|---|------------------------------------|
| <i>4/12/16</i> | <i>Committee to Re-Elect Natasha Johnson ID# 1349598</i> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | <i>Donation</i> | <i>\$250.00</i> | | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| <i>6/3/16</i> | <i>Jeff Stone for Congress ID# C00603423</i> | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | <i>Donation</i> | <i>\$750</i> | <i>\$1,000</i> | |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL \$ *1,000.00*

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULEE

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>17</u> of <u>20</u> |
| | I.D. NUMBER <u>1254151</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bob Magee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------------|---|-----------------|
| <i>The Links at Summerly 29381 Village Pkwy Lake Elsinore, CA 92530</i> | <i>FND</i> | <i>Deposit for Fundraiser</i> | <i>\$500.00</i> |
| <i>Data Dog 3711 A - Arlington Ave. Riverside, CA 92506</i> | <i>FND</i> | <i>Data Processing for Fundraiser</i> | <i>\$150.00</i> |
| <i>LEUCC 132 N. Graham Ave. Lake Elsinore, CA 92530</i> | <i>CVC</i> | <i>Charter Tasted Dinner</i> | <i>\$100.00</i> |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 750.00

Schedule E Summary

| | |
|--|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ <u>10,521.07</u> |
| 2. Unitemized payments made this period of under \$100 | \$ <u>765.42</u> |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ <u>0</u> |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ <u>11,286.49</u> |

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from <u>1/1/16</u> | through <u>6/30/16</u> | |
| | | Page <u>18</u> of <u>20</u> |
| | | I.D. NUMBER <u>1254151</u> |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bob Magee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|---|-------------|
| Michele Thomas Consulting (aka QSA) 33896 Harvest Way East Wildomar, CA 92595 | WEB | Facebook & Website Monitoring & Postings | \$1600.00 |
| Chase Card Services P.O. Box 15123 Wilmington, DE 19850 | FND | Final Bill from the Links at Summerly for Super Bowl Fundraiser | \$1807.36 |
| The Michael Williams Company 3711-A Arlington Ave. Riverside, CA 92506 | FND | Fundraiser Services | \$2,724.65 |
| Cops for Kids 333 Limited Street Lake Elsinore, CA 92530 | CVC | Donation | \$150.00 |
| The Michael Williams Company 3711-A Arlington Ave. Riverside, CA 92506 | FND | Fundraiser Services | \$730.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 7012.01

Schedule E
(Continuation Sheet)
Payments Made

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|---------|-------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 1/1/16 | |
| through | 6/30/16 | Page 19 of 20 |
| NAME OF FILER | | I.D. NUMBER |
| Bob Magee | | 1254151 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|--|-------------|
| UPS Store 31500 Grape Street #3 Lake Elsinore, CA 92532 | POS | Postage for Thank yous & Invoices/Payments | \$77.00 |
| Dogs for Veterans 33615 Valencia St. Wildomar, CA 92595 | CVC | Donation | \$100.00 |
| Friends of Brian Tisdale 19415 Applewood Court Lake Elsinore, CA 92530 ID# 1329587 | CTB | Campaign Donation | \$200.00 |
| Jeff Stone for Congress 38 Executive Park, Suite 390 Irvine, CA 92614 ID# C00603423 | CTB | Campaign Donation | \$1,000.00 |
| Printing Connection, Inc. 9671 Magnolia Ave. Riverside, CA 92503 | LIT | Campaign Thank you cards & envelopes | \$322.06 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1699.06

**Schedule E
(Continuation Sheet)
Payments Made**

SCHEDULE E (CONT.)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|---|--------------------------------|
| Statement covers period from <u>1/1/16</u> through <u>6/30/16</u> | CALIFORNIA FORM 460 |
| | Page <u>20</u> of <u>20</u> |
| I.D. NUMBER <u>1254151</u> | |

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Bob Magee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------------|---|-----------------|
| <i>Kevin Jeffries for Supervisor - 2016 3711-A Arlington Ave, Riverside CA 92506 ID# 1334977</i> | <i>CTB</i> | <i>Campaign Donations</i> | <i>\$100.00</i> |
| <i>Committee to Re-Elect Natasha Johnson 15360 Regatta Way Lake Elsinore, CA 92530 ID# 1349598</i> | <i>CTB</i> | <i>Campaign Donation</i> | <i>\$250.00</i> |
| <i>Animal Friends of the Valleys 33751 Mission Trail Wildomar CA 92595</i> | <i>CVC</i> | <i>Golf Sponsorship</i> | <i>\$100.00</i> |
| <i>Lake Elsinore Storm Staffing 500 Diamond Drive Lake Elsinore, CA 92530</i> | <i>CVC</i> | <i>Storm Staffing for use at City Gate for Graduation celebrations by disabled family members</i> | <i>\$200.00</i> |
| <i>Cops Voters Guide 705-Z E. Bidwell Street #370 Folsom, CA 95630</i> | <i>LIT</i> | <i>Slate Mailer</i> | <i>\$410.00</i> |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ *1060.00*