**Statement of Organization**  
Recipient Committee

<table>
<thead>
<tr>
<th>Statement Type</th>
<th>Amendment</th>
<th>Termination - See Part 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Initial</td>
<td>☑</td>
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</tr>
<tr>
<td>Not yet qualified</td>
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<td># 1254151</td>
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<td>List I.D. number:</td>
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<table>
<thead>
<tr>
<th>Date qualified as committee</th>
<th>Date qualified as committee</th>
<th>Date of Termination</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**1. Committee Information**

**Committee Name:** Re-Elect Bob Magee for the City Council 2016  
**STREET ADDRESS:** 32400 Beechwood Lane  
**CITY:** Lake Elsinore  
**STATE:** CA  
**ZIP CODE:** 92530  
**AREA CODE/PHONE:** 951-888-7782

**MAILING ADDRESS:**  
**CITY:** Lake Elsinore  
**STATE:** CA  
**ZIP CODE:** 92530  
**AREA CODE/PHONE:** 951-888-7782

**FAX/E-MAIL ADDRESS:**  
**COUNTY OF DOMICILE:** Riverside  
**JURISDICTION WHERE COMMITTEE IS ACTIVE:**

**Attach additional information on appropriately labeled continuation sheets.**

**2. Treasurer and Other Principal Officers**

**NAME OF TREASURER:** Bob Magee  
**STREET ADDRESS:** 32400 Beechwood Lane  
**CITY:** Lake Elsinore  
**STATE:** CA  
**ZIP CODE:** 92530  
**AREA CODE/PHONE:** 951-888-7782

**NAME OF ASSISTANT TREASURER, IF ANY:**

**STREET ADDRESS:**  
**CITY:**  
**STATE:**  
**ZIP CODE:**  
**AREA CODE/PHONE:**

**NAME OF PRINCIPAL OFFICER(S):**

**STREET ADDRESS:**  
**CITY:**  
**STATE:**  
**ZIP CODE:**  
**AREA CODE/PHONE:**

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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:**  
**6/26/13**  
**DATE:**  
**By:**

**Executed on:**  
**6/26/13**  
**DATE:**  
**By:**

**Executed on:**  
**DATE:**  
**By:**

**Executed on:**  
**DATE:**  
**By:**

**SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent:**

**RECEIVED:**

**JUL 02 2013**

**DEBRA BOWEN**

**Secretary of State**

**CALIFORNIA FORM 410**

**For Official Use Only**

**Date Stamp:**  
**JUN 27 2013**

**FPPC Advice:** advice@fppc.ca.gov (888) 375-3124

**www.fppc.ca.gov**
Statement of Organization
Recipient Committee

INSTRUCTIONS ON REVERSE

**Committee to Re-Elect Bob Magee to the Lake Elsinore City Council 2016**

- All committees must list the financial institution where the campaign bank account is located.

**NAME OF FINANCIAL INSTITUTION**

Wells Fargo Bank

**ADDRESS**

29265 Central Ave, Lake Elsinore, CA 92532

4. Type of Committee  Complete the applicable sections.

- Controlled Committee
  - List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
  - List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
  - If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Magee</td>
<td>Lake Elsinore City Council 2016</td>
</tr>
</tbody>
</table>

Primarily Formed Committee

- Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Magee</td>
<td>Lake Elsinore City Council 2016</td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>