

**Statement of Organization  
Recipient Committee**

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1254151

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp

**CALIFORNIA FORM 410**

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RECEIVED AND FILED  
in the office of the Secretary of State  
of the State of California

JUN 27 2013

DEBRA BOWEN  
Secretary of State

**1. Committee Information**

NAME OF COMMITTEE  
Committee to Re-Elect Bob Magee  
to the Lake Elsinore, CA City Council 2016

STREET ADDRESS (NO P.O. BOX)  
32400 Beechwood Lane,

CITY STATE ZIP CODE AREA CODE/PHONE  
Lake Elsinore, CA 92530 951-805-7782

MAILING ADDRESS (IF DIFFERENT)

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
Bob Magee

STREET ADDRESS (NO P.O. BOX)  
32400 Beechwood Lane

CITY STATE ZIP CODE AREA CODE/PHONE  
Lake Elsinore, CA 92530 951-805-7782

NAME OF ASSISTANT TREASURER, IF ANY

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE  
Riverside

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

**3. Verification**

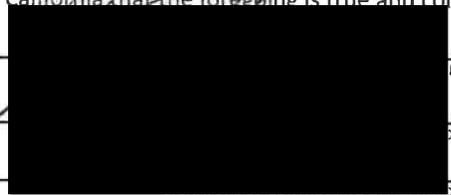
I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 6/20/13 By \_\_\_\_\_  
DATE

Executed on 6/20/13 By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE



RECEIVED  
JUL 02 2013

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

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

I.D. NUMBER  
*1254151*

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

NAME OF FINANCIAL INSTITUTION <i>Wells Fargo Bank</i>	AREA CODE/PHONE <i>951-245-1059</i>	BANK ACCOUNT NUMBER <i>[REDACTED]</i>
ADDRESS <i>29265 Central Ave, Lake Elsinore</i>	CITY <i>CA</i>	STATE ZIP CODE <i>92532</i>

**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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<i>Bob Magee</i>	<i>Lake Elsinore City Council</i>	<i>2016</i>	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**Primarily Formed Committee**

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
<i>Bob Magee</i>	<i>Lake Elsinore City Council 2016</i>	<input checked="" type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
		<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE