

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>9</u>	
For Official Use Only	

Statement covers period from <u>7/1/16</u> through <u>9/24/16</u>	Date of election if applicable: (Month, Day, Year) <u>11/8/16</u>
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SEE INSTRUCTIONS ON REVERSE

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

- |   |  |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee   |
| <input type="radio"/> State Candidate Election Committee              | <input type="radio"/> Controlled   |
| <input type="radio"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="radio"/> Sponsored<br><small>(Also Complete Part 6)</small>   |
| <input type="checkbox"/> General Purpose Committee                    | <input checked="" type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
| <input type="radio"/> Sponsored                                       |  |
| <input type="radio"/> Small Contributor Committee                     |  |
| <input type="radio"/> Political Party/Central Committee               |  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**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

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

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

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

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 <u>9/27/16</u> Date	By <u>[Redacted]</u>
Executed on <u>9/27/16</u> Date	By <u>[Redacted]</u> Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officer, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officer, 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 9

**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>7/1/16</u> through <u>9/24/16</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>9</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>1,500.00</u>	\$ <u>30,873</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1,500.00</u>	\$ <u>30,873</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>1,500.00</u>	\$ <u>30,873</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>11,933.19</u>	\$ <u>23,219.66</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>11,933.19</u>	\$ <u>23,219.66</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>11,933.19</u>	\$ <u>23,219.66</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>60,629.06</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>1,500.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>11,933.19</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>50,195.87</u>

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

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.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

**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>7/1/16</u> through <u>9/24/16</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>9</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>8/31/16</i>	<i>Javier R. Rios, M.D. A Professional Corporation 9939 Magnolia Ave. Riverside, CA 92503</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>9/16/16</i>	<i>Frontier Communications 8300 Utica Ave., Suite 300 Rancho Cucamonga, CA 91730</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>		
		<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				
				<b>SUBTOTALS \$</b> <i>1500.00</i>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,500.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 1,500.00

\*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 E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>7/1/16</u> through <u>9/24/16</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>9</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>City of Lake Elsinore 130 S. Main Street Lake Elsinore, CA 92530</i>	<i>FIL</i>	<i>Filing Fee &amp; Deposit for Candidate Statement</i>	<i>\$525.00</i>
<i>QSA 33896 Harvest Way East Wildomar, CA 92595</i>	<i>CNS</i>	<i>Campaign manager July Invoice</i>	<i>\$1,000.00</i>
<i>Randen Lane for Murrieta City Council 2016 23811 Washington Ave., Suite C110-252 Murrieta, CA 92562</i>	<i>CTB</i>	<i>Campaign Contribution</i>	<i>\$1,000.00</i>

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

SUBTOTAL \$ 2,525.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ <u>1,180.52</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>127.99</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>11,933.19</u>

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

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

SCHEDULE E (CONT.)

Statement covers period from <u>7/1/16</u> through <u>9/24/16</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Bob Magee*

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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>Continuing the Republican Revolution 1300 Bristol St., North, Suite 100 Newport Beach, CA 92660</i>	<i>LIT</i>	<i>Slate Mailer</i>	<i>\$ 400.00</i>
<i>Megan Locke-Beck 29696 Ski Ranch Street Murietta, CA 92563</i>	<i>LIT</i>	<i>Door Hanger Design</i>	<i>\$ 455.00</i>
<i>Educate Your Vote 1954 W. Carson Street + Torrance, CA 90501</i>	<i>LIT</i>	<i>Slate Mailer</i>	<i>\$ 170.00</i>
<i>California Voter Guides 1954 W. Carson, Suite "B" Torrance, CA 90501 -</i>	<i>LIT</i>	<i>- Slate Mailer -</i>	<i>\$ 387.00</i>
<i>Latino Voter Guide 249 E. Ocean Blvd, Suite 685 Long Beach, CA 90802</i>	<i>LIT</i>	<i>Slate mailer</i>	<i>\$ 328.92</i>

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

SUBTOTAL \$ *1,740.92*

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

Type or print in ink.  
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Statement covers period from <u>7/1/16</u> through <u>9/24/16</u>	<b>CALIFORNIA FORM 460</b>
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NAME OF FILER <u>Bob Magee</u>	
I.D. NUMBER <u>1254151</u>	

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
Chase Card Services P.O. Box 15123 Wilmington, DE 19850	WEB	Go Daddy Website & Email Renewal Fees and Postage	\$ 358.61
CRTA 1130 Fremont Blvd # 105-115 Seaside, CA 93955	LIT	State Mailer	\$ 328.00
QSA 33896 Harvest Way East Wildomar, CA 92595	LIT/ CNS	Mailing List & August Invoice	\$ 125.00
CALSAL Voter Guide 1954 W. Carson, Suite "B" Torrance, CA 90501	LIT	State Mailer	\$ 300.00
Election Digest 1954 W. Carson, Suite "B" Torrance, CA 90501	LIT	State Mailer	\$ 529.00

SUBTOTAL \$ 2,640.61

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

**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>7/1/16</u> through <u>9/24/16</u>	<b>CALIFORNIA FORM 460</b>
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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>Budget Watchdogs Newsletter 1954 W. Carson Street, Suite "B" Torrance, CA 90501</i>	<i>LIT</i>	<i>State Mailer</i>	<i>\$ 871.00</i>
<i>QSA 33896 Harvest Way East Wildomar, CA 92595</i>	<i>CNS</i>	<i>Campaign Manager Sept. Invoice</i>	<i>\$ 1,000.00</i>
<i>QSA 33896 Harvest Way East Wildomar, CA 92595</i>	<i>LIT</i>	<i>Door Hangers</i>	<i>\$ 542.03</i>
<i>Megan Beck 29696 Ski Ranch Street Murietta, CA 92563</i>	<i>CMP</i>	<i>Campaign T-Shirts</i>	<i>\$ 842.81</i>
<i>QSA 33896 Harvest Way East Wildomar, CA 92595</i>	<i>LIT</i>	<i>Walk List Printing &amp; Binding</i>	<i>\$ 442.83</i>

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

**SUBTOTAL \$ 3,698.67**

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

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

Statement covers period from <u>7/1/16</u> through <u>9/24/16</u>	<b>CALIFORNIA FORM 460</b>
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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  |
| LT 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>LEV Chamber of Commerce 132 West Graham Ave. Lake Elsinore, CA 92530</i>	<i>MTG</i>	<i>State of the City 3 - Guests</i>	<i>\$ 120.00</i>
<i>QSA 33806 Harvest Way East Wildomar, CA 92555</i>	<i>CNS</i>	<i>Campaign Manager October Invoice</i>	<i>\$ 1000.00</i>
<i>(Remaining rows are crossed out with a diagonal line)</i>			

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

SUBTOTAL \$ *1,200.00*