Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

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 Candidate/Officeholder Committee
      (Also Complete Part 7)
   □ Primarily Formed Ballot Measure Committee
      (Also Complete Part 6)

2. Type of Statement:
   □ Prelection Statement
   ○ Semi-annual Statement
   ○ Termination Statement
     (Also file a Form 410 Termination)
   □ Amendment (Explain below)
   ○ Quarterly Statement
   □ Special Odd-Year Report
   ○ Supplemental Prelection 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
   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

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 complete.
   Executed on 9/27/16
   By
   Date
   Executed on 9/27/16
   By
   Date
   Executed on
   By
   Executed on
   By
   Signature of Controlling Officier, Candidate, State Measure Proponent

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California
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

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 PROONENT

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
### Contributions Received

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monetary Contributions</td>
<td>$1,500.00</td>
<td>$30,873</td>
</tr>
<tr>
<td>2. Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$1,500.00</td>
<td>$30,873</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$1,500.00</td>
<td>$30,873</td>
</tr>
</tbody>
</table>

### Expenditures Made

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Payments Made</td>
<td>$11,933.19</td>
<td>$23,219.66</td>
</tr>
<tr>
<td>7. Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$11,933.19</td>
<td>$23,219.66</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>$11,933.19</td>
<td>$23,219.66</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Beginning Cash Balance</td>
<td>$60,679.06</td>
</tr>
<tr>
<td>13. Cash Receipts</td>
<td>$1,500.00</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>$11,933.19</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td></td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$50,195.97</td>
</tr>
</tbody>
</table>

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

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. LOAN GUARANTEES RECEIVED</td>
<td>$0</td>
</tr>
<tr>
<td>18. Cash Equivalents</td>
<td>$0</td>
</tr>
<tr>
<td>19. Outstanding Debts</td>
<td>$0</td>
</tr>
</tbody>
</table>

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).
## Schedule A
### Monetary Contributions Received

**Statement covers period**
from **7/1/16**
through **9/24/16**

**NAME OF FILER**
Bob Magee

**I.D. NUMBER**
1254151

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE *</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/30/16</td>
<td>Javier R. Rosn, M.D. 9939 Magnolia Ave, Riverside, CA 92503</td>
<td></td>
<td></td>
<td>$1,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/1/16</td>
<td>Frontier Communications 8300 Otico Ave, Suite 300 Ranch Cucamonga, Ch 91730</td>
<td></td>
<td></td>
<td>$500.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**
1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ................................................................................................................................. $ 1,500.00
2. Amount received this period – unitemized monetary contributions of less than $100 ................................................................................................................................. $ 0
3. 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

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 180,152
2. Unitemized payments made this period of under $100 .......................................................... $ 127.99
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..........................................................
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .......................................................... TOTAL $ 1,933,19
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing the Republican Revolution 1300 Bristol St., Suite 100 Newport Beach, CA 92660</td>
<td>LIT</td>
<td>Slate Mailer</td>
<td>$400.00</td>
</tr>
<tr>
<td>Megan Locke-Beck 29696 S. Rancho Street Mission Viejo, CA 92693</td>
<td>LIT</td>
<td>Door Hanger Design</td>
<td>$455.00</td>
</tr>
<tr>
<td>Educate Your Vote 1954 W. Carson Street Torrance, CA 90501</td>
<td>LIT</td>
<td>Slate Mailer</td>
<td>$170.00</td>
</tr>
<tr>
<td>California Voter Guides 1954 W. Carson, Suite B Torrance, CA 90501</td>
<td>LIT</td>
<td>Slate Mailer</td>
<td>$387.00</td>
</tr>
<tr>
<td>Latino Voter Guide 249 E. Ocean Blvd., Suite 685 Long Beach, CA 90802</td>
<td>LIT</td>
<td>Slate Mailer</td>
<td>$328.92</td>
</tr>
</tbody>
</table>

SUBTOTAL $1,740.92

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chase Card Services</td>
<td>WEB</td>
<td>GoDaddy Website &amp; Email Renewal Fees and postage</td>
<td>$358.61</td>
</tr>
<tr>
<td>CRA</td>
<td>LIT</td>
<td>Slate Mailer</td>
<td>$328.00</td>
</tr>
<tr>
<td>QSA</td>
<td>LIT</td>
<td>Mailing List &amp; August Invoice</td>
<td>$125.00</td>
</tr>
<tr>
<td>CALSAL Voter Guide</td>
<td>LIT</td>
<td>Slate Mailer</td>
<td>$300.00</td>
</tr>
<tr>
<td></td>
<td>LIT</td>
<td>Slate Mailer</td>
<td>$529.00</td>
</tr>
</tbody>
</table>

SUBTOTAL $2,640.61

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Watchdogs Newsletter</td>
<td>LIT</td>
<td>Slate Mailing</td>
<td>$871.00</td>
</tr>
<tr>
<td>1954 W. Carson Street, Suite “B”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Torrance, CA 90501</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QSA</td>
<td>CNS</td>
<td>Campaign Manager Sept. Invoice</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>33896 Harvest Way East Wildomar, CA 92595</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QSA</td>
<td>LIT</td>
<td>Dear Hangers</td>
<td>$542.03</td>
</tr>
<tr>
<td>33896 Harvest Way East Wildomar, CA 92595</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Megan Beck</td>
<td>CMP</td>
<td>Campaign T-Shirts</td>
<td>$842.81</td>
</tr>
<tr>
<td>29696 Ski Road, Street Mission, CA 92563</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QSA</td>
<td>LIT</td>
<td>Walk List Printing</td>
<td>$442.83</td>
</tr>
<tr>
<td>33896 Harvest Way East Wildomar, CA 92595</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**SUBTOTAL $3,698.67**

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule E (Continuation Sheet)

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

**Statement covers period**
- From: **7/1/16**
- Through: **9/24/16**

**NAME OF FILER**

Bob Magee

**NAME AND ADDRESS OF PAYEE**

- **LEV Chamber of Commerce**
  - 132 West Graham Ave.
  - Lake Elsinore, CA 92530
  - Code: MTG
  - Description of Payment: State of the City 3 - Guests
  - Amount Paid: $120.00

- **ASA**
  - 3336 Harvest Way East
  - Wildomar, CA 92595
  - Code: CNS
  - Description of Payment: Campaign Manager October Invoice
  - Amount Paid: $1,000.00

**Subtotal**: $1,200.00

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

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**Notes**

- **CODES:** Codes are based on the type of expenditure. If a code is not listed, the payment must be described.

- **CALIFORNIA FORM 460**
- **Page 9 of 9**
- **ID NUMBER:** 1254151

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**FPPC Form 460 (January/05)**
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