Recipient Committee
Campaign Statement
Cover Page

Statement covers period from 07-01-2016 through 12-31-2016
Date of election if applicable: 11-04-2014

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 6)
   - [ ] General Purpose Committee
     - [ ] Sponsored
     - [ ] Small Contributor Committee
   - [ ] Primarily Formed Candidate/Officeholder 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
   - [ ] Special Odd-Year Report
   - [x] Quarterly Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
     - [ ] Amendment (Explain below)

3. Committee Information
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Friend of Brian Tisdale for City Council 2018

   STREET ADDRESS (NO P.O. BOX)
   19415 Applewood Court
   CITY Lake Elsinore
   STATE CA
   ZIP CODE 92539
   AREA CODE/PHONE 951-678-8425

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

   CITY Lake Elsinore
   STATE CA
   ZIP CODE 92530
   AREA CODE/PHONE 951-678-8425

   MAILING ADDRESS

   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / EMAIL 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.

   Executed on 01-28-2017
   Executed on 01-28-2017
   Executed on
   Executed on

   By
   Signature of Controlling Individual, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By
   Signature of Controlling Individual, Candidate, State Measure Proponent

   By
   Signature of Controlling Individual, Candidate, State Measure Proponent

   FPPC Form 460 (Jan/2016)
   FPPC Advice: advice@fppc.ca.gov (866/275-3772)
   www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Brian Tisdale

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Lake Elsinore City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
19415 Applewood Court 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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

| 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