Recipient Committee Campaign Statement Cover Page

Date Stamp: JUL 31 '17 AM 9:57

CALIFORNIA FORM **460**

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 01-01-2017 through 06-30-2017

Date of election if applicable: (Month, Day, Year) 11-04-2014

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

- [x] 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 Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1329587

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Friends of Brian Tisdale for City Council 2018

STREET ADDRESS (NO P.O. BOX): 19415 Applewood Court

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lake Elsinore	CA	92530	951-678-6425

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: Brian Tisdale

MAILING ADDRESS: 19415 Applewood Court

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Lake Elsinore	CA	92530	951-678-6425

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 07-30-2017 (Date) By [redacted]

Executed on 07-30-2017 (Date) By [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

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.***

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 1-1-17 through 6-30-17

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends of Brian Tisdale for City Council 2018

I.D. NUMBER: 1329587

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 6150.00	$ 6150
2. Loans Received	*Schedule B, Line 3*	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 6150.00	$ 6150
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 6150.00	$ 6150

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 2525.00	$ 2525
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 2525.00	$ 2525
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 2525.00	$ 2525

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 1638.00
13. Cash Receipts	*Column A, Line 3 above*	6150.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	2525.00
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 5263.00

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $ 0

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $ 0

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).

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	$ 6150.00	$
21. Expenditures Made	$ 2525.00	$

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
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from 1-1-17 through 6-30-17

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Brian Tisdale for City Council 2018

I.D. NUMBER
1329587

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)
4/3/17	Nichols Rd Partners, LLC PO Box 77850 Corona, CA 92877	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$1000	$1000	
4/3/17	Jack Ferguson, CPA 31569 Canyon Estates, Lkae Elsinore, CA 92530	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$100	$100	
4/3/17	Lake Elsinore Hotel & Casino 20930 Malaga Rd Lake Elsinore, CA 92530	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$1000	$1000	
4/3/17	Qualified Players Services, LLC 33295 Mission Trial Lake Elsinore, CA 92530	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500	$500	
4/3/17	William Johnson 198 South Nebraska St. Lake Elsinore, Ca. 92530	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Williams Boat	$100	$100	
			SUBTOTAL $	$2700		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 6150
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 $ 6150

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1-1-17
through 6-30-17

CALIFORNIA FORM 460

NAME OF FILER: Friends of Brian Tisdale for City Council 2018

I.D. NUMBER: 1329587

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)
4/3/17	The Garret Group Two Better World Court #200 Temecula, CA 92590	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$200	$200	
4/3/17	Paul Niehouse (All State) 32235 Mission Trail Suite B11 Lake Elsinore, CA 92530	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$100	$100	
4/3/17	Ben Carrington 15009 Notnil Way Lake Elsinore, CA 92530	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed New Creation	$100	$100	
4/3/17	Myles Ross 32909 Shadow Trails Lane Lake Elsinore, CA 92530	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Jack Ferguson CPA	$100	$100	
4/3/17	Kim Cousins 14395 Amorok St. Lake Elsinore, CA	☑ IND ☐ COM ~~☑ OTH~~ PTY ☐ PTY ☐ SCC	Lake Elsinore Chamber	$100	$100	
			SUBTOTAL $	$600		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1-1-17
through 6-30-17

CALIFORNIA FORM 460

NAME OF FILER
Friends of Brian Tisdale for City Council 2018

I.D. NUMBER
1329581

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)
4/3/17	Rachael Mendez 216 Launelwood CT Lake Elsinore, CA 92530	☑ IND ☐ COM ☑ ~~OTH~~ PR ☐ PTY ☐ SCC	Lake Elsinore Casino	$100	$100	
4/3/17	CR&R 11292 Western Ave. PO BOX 125 Stanton, CA 90680	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$750	$750	
4/7/17	Southwest Riverside County Ass. of Realtors 525 South Virgil Ave Los Angeles, CA 90020	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500	$500	
4/3/17	Albert A. Webb Ass. 3788 McCray St. Riverside, CA 92506	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$100	$100	
4/16/17	Green Springs, LLC DBA Links at Summerly 29381 Villiage PKWY Lake Elsinore, CA 92530	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$400	$400	
			SUBTOTAL $	$1850		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 1-1-17
through 6-30-17

CALIFORNIA FORM 460

NAME OF FILER
Friends of Brian Tisdale for City Council 2018

I.D. NUMBER
1329587

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)
4/12/17	Development & Conservation Management, INC 742 Summit Driver Suite 100 Laguna Beach, CA 92651	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500	$500	
1/21/17	EMS Management LLC 6200 S. Syracuse Way STE 200 Greenwood Village, CO 80111	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500	$500	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $	$1000	

*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 D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

Statement covers period from 1-1-17 through 6-30-17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Friends of Brian Tisdale for City Council 2018

I.D. NUMBER: 1329587

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	LECC Vote No Fpec# 1395212 ☑ Support ☐ Oppose	☑ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		$500	$500	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
				SUBTOTAL $ 500		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 500
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ _____
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL .. $ 500

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 1-1-17
through 6-30-17

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Brian Tisdale for City Council 2018

I.D. NUMBER
1329587

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
George Hammond--28097 Bradley Rd, Menifee CA 92586	CNS	Fundrasier	$200
Sec of State--1500 11th St. RM 495, Sacramento, CA 95814	FIL	Annual Fee	$50
Reality Rally INC --Tax ID 68-0480736 Temecula CA	CVC		$515

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

SUBTOTAL $ 765

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 1825
2. Unitemized payments made this period of under $100 ..... $ 200
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 $** 2025

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 1-1-17
through 6-30-17

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Brian Tisdale for City Council 2018

I.D. NUMBER
1329587

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
SAFE Alternatives for Everyone--28910 Pujol St. Temecula, CA 92590	CVC		1060

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

SUBTOTAL $ 1060