Leaving Office:
Date Left / / (Check one)
The period covered is January 1, 2017, through the date of leaving office.
The period covered / / , through the date of leaving office.

Annual:
The period covered is January 1, 2017, through December 31, 2017.
The period covered / / , through December 31, 2017.

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
City of Lake Elsinore
Division, Board, Department, District, if applicable
Your Position
City Council Member
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: 
Position:

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County
☒ City of Lake Elsinore
☐ County of
☐ Other

3. Type of Statement (Check at least one box)
☐ Leaving Office: Date Left / / / (Check one)
☐ The period covered is January 1, 2017, through the date of leaving office.
☐ The period covered / / , through the date of leaving office.
☐ Assuming Office: Date assumed / / / 
☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3
Schedules attached
☐ Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
☐ Schedule B - Real Property – schedule attached
☒ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income – Gifts – schedule attached
☐ Schedule E - Income – Gifts – Travel Payments – schedule attached
- or -
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
32400 Beechwood Ln
Lake Elsinore, CA 92530-6366
STREET
DAYTIME TELEPHONE NUMBER (951) 805-7782
CITY
STATE CA
ZIP CODE 92530-6366
E-MAIL ADDRESS bob@bobmagee.net
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 01/03/2018 09:37 AM
Signature (File the originally signed statement with your filing official.)
(Full name of filer)

SAN: FPPC 01/03/2018 09:37 AM
Filed Date: 01/03/2018 09:37 AM

FPPC Form 700 (2017/2018)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
### EXPANDED STATEMENT LIST

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Division, Board, Department, District</th>
<th>Position or Title</th>
<th>Jurisdiction</th>
<th>Type of Statement</th>
<th>Period Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forestry and Fire Protection Department</td>
<td></td>
<td>Board of Forestry and Fire Services Member</td>
<td>State California</td>
<td>Annual</td>
<td>01/01/17 - 12/31/17</td>
</tr>
</tbody>
</table>
# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

| Name | Robert Magee |

## 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Riverside</td>
<td>4080 Lemon St., Riverside, CA 92501</td>
</tr>
</tbody>
</table>

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

**GOVERNMENT SERVICES**

**YOUR BUSINESS POSITION**

**District Director**

### GROSS INCOME RECEIVED

- [ ] $500 - $1,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

### CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- [x] Salary
- [ ] Spouse’s or registered domestic partner’s income
- [ ] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- [ ] Sale of (Real property, car, boat, etc.)
- [ ] Loan repayment
- [ ] Commission or Rental Income, list each source of $10,000 or more
- [ ] Other (Describe)

## 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

*You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**HIGHEST BALANCE DURING REPORTING PERIOD**

- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

**INTEREST RATE**

- [ ] %
- [ ] None

**TERM (Months/Years)**

- [ ]

**SECURITY FOR LOAN**

- [ ] None
- [ ] Personal residence
- [ ] Real Property Street address
- [ ] Guarantor
- [ ] Other (Describe)

**Comments:**