

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Magee Robert E

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: SEE ATTACHED LIST Position:

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County County of
 City of Lake Elsinore Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2017, through December 31, 2017.
-or- The period covered is _____, through December 31, 2017.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
-or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

Schedule A-1 - Investments – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
 Schedule A-2 - Investments – schedule attached **Schedule D - Income – Gifts** – schedule attached
 Schedule B - Real Property – schedule attached **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
32400 Beechwood Ln Lake Elsinore CA 92530-6366
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(951) 805-7782 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 Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Robert Magee

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Forestry and Fire Protection Department		Board of Forestry and Fire Services Member	State California	Annual	01/01/17 - 12/31/17

