CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>(LAST)</th>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armit</td>
<td>Adam</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

1. Office, Agency, or Court

<table>
<thead>
<tr>
<th>Agency Name (Do not use acronyms)</th>
<th>Your Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Lake Elsinore</td>
<td>Commissioner</td>
</tr>
</tbody>
</table>

- If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Position:</th>
</tr>
</thead>
</table>

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

- State
- Multi-County
- City of Lake Elsinore
- Judge or Court Commissioner (Statewide Jurisdiction)
- County: __________________
- 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 is __/__/____, 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: _____

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
- None - No reportable interests on any schedule

5. Verification

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>STREET</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>130 South Main Street</td>
<td>Lake Elsinore</td>
<td>CA</td>
<td>92530</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAYTIME TELEPHONE NUMBER</th>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(760) 445-2187</td>
<td><a href="mailto:aarmit@lake-elsinore.org">aarmit@lake-elsinore.org</a></td>
</tr>
</tbody>
</table>

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: 4/2/2018

Signature: ____________________________

File保存/Submit a signature with your filing official.

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