

COVER PAGE

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AUG 9 '18 AM 10:08

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sheridan Timothy J.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Lake Elsinore City Council

Division, Board, Department, District, if applicable

District 3

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
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- 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 _____
- 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.
- Candidate: Date of Election 11/2018 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 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

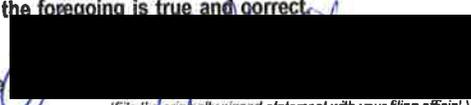
5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
P.O. Box 130		Lake Elsinore	CA	92531
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(951) 457-4300	SheridanForLakeElsinore@gmail.com			

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 August 9, 2018
(month, day, year)

Signature 
(File the originally signed statement with your filing official.)

