Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 1/1/18
through 6/30/18

Date of election if applicable:
(Month, Day, Year)

1. Type of Recipient Committee:
   All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
   - General Purpose Committee
   - Sponsored
   - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - Pre-election Statement
   - Semi-annual Statement
   - Termination Statement
   - Amendment (Explain below)

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

   Rick Morsch for City Council 2014

   STREET ADDRESS (NO P.O. BOX)

   31500 Grape St., #3-170

   CITY

   Lake Elsinore

   STATE

   CA

   ZIP CODE

   92532

   AREA CODE/PHONE

   951-219-5352

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 7/31/16

   By __________________________

   Executive

   Executed on 7/31/16

   By __________________________

   Signature of Treasurer or Assistant Treasurer

   Executed on ____________________

   By __________________________

   Signature of Controlling Offichestor, Candidate, State Measure Proponent or Responsible Sponsor

   Executed on ____________________

   By __________________________

   Signature of Controlling Offichestor, Candidate, State Measure Proponent

   Executed on ____________________

   By __________________________

   Signature of Controlling Offichestor, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rick Morsch</td>
<td>31500 Grape St., #3-170</td>
<td>Lake Elsinore, CA</td>
<td>92532</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
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<tbody>
<tr>
<td>Rick Morsch for City Council 2014</td>
<td>1351754</td>
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6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
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7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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</tr>
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Attach continuation sheets if necessary.
## Contributions Received

1. Monetary Contributions .......... Schedule A, Line 3 $ 0 $ 0
2. Loans Received .......... Schedule R, I line 3 $ 0 $ 0
3. SUBTOTAL CASH CONTRIBUTIONS .......... Add Lines 1 + 2 $ 0 $ 0
4. Nonmonetary Contributions .......... Schedule C, Line 3 $ 0 $ 0
5. TOTAL CONTRIBUTIONS RECEIVED .......... Add Lines 3 + 4 $ 0 $ 0

## Expenditures Made

6. Payments Made .......... Schedule E, Line 4 $ 0 $ 0
7. Loans Made .......... Schedule H, Line 3 $ 0 $ 0
8. SUBTOTAL CASH PAYMENTS .......... Add Lines 6 + 7 $ 0 $ 0
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 $ 0 $ 0

## Current Cash Statement

12. Beginning Cash Balance .......... Previous Summary Page, Line 16 $ 336.93 $ 0
13. Cash Receipts .......... Column A, Line 3 above $ 0 $ 0
14. Miscellaneous Increases to Cash .......... Schedule I, Line 4 $ 0 $ 0
15. Cash Payments .......... Column A, Line 8 above $ 0 $ 0
16. ENDING CASH BALANCE .......... Add Lines 12 + 13 + 14, then subtract Line 15 $ 336.93 $ 0

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

## 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).

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

/ / $ 0

/ / $ 0

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

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