Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 19

For Official Use Only

Date Stamp

SEE INSTRUCTIONS ON REVERSE

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

Date of election if applicable: (Month, Day, Year) 11/3/20

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- ☒ Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- ☐ Preelection Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1254151

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Committee to Re-Elect Bob Magee to the Lake Elsinore City Council 2020

STREET ADDRESS (NO P.O. BOX): 32400 Beechwood Lane 951-805-7782

CITY: Lake Elsinore STATE: CA ZIP CODE: 92530 AREA CODE/PHONE:

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX:

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Bob Magee

MAILING ADDRESS: 32400 Beechwood Lane 951-805-7782

CITY: Lake Elsinore, CA STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 7/18/18 (Date) By _____ (Assistant Treasurer)

Executed on 7/18/18 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Bob Magee

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Lake Elsinore City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
32400 Beechwood Lane, Lake Elsinore, CA 92530

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.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

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

CALIFORNIA FORM 460

Page 3 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bob Mager

I.D. NUMBER: 1254151

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 37,040.79	$ 37,040.79
2. Loans Received	*Schedule B, Line 3*	Ø	Ø
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 37,040.79	$ 37,040.79
4. Nonmonetary Contributions	*Schedule C, Line 3*	Ø	Ø
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 37,040.79	$ 37,040.79

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 8,451.27	$ 8,451.27
7. Loans Made	*Schedule H, Line 3*	Ø	Ø
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 8,451.27	$ 8,451.27
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	Ø	Ø
10. Nonmonetary Adjustment	*Schedule C, Line 3*	Ø	Ø
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 8,451.27	$ 8,451.27

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 52,529.25
13. Cash Receipts	*Column A, Line 3 above*	37,040.79
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	Ø
15. Cash Payments	*Column A, Line 8 above*	8,451.27
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 81,118.77

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ Ø

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $ Ø

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $ Ø

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).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

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
/ /	$
/ /	$

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

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

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

Page 4 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/18	Ranger Inc. 27431 Enterprise Cir. West #201 Temecula, CA 92590	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$1,000.00		
1/16/18	Ron Sullivan ID# 1265988 29068 Orange Grove, Ave. Menifee, CA 92584	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		$100.00		
1/19/18	Paul Wiehorse - State Farm 32235 Mission Trail #B-11 Lake Elsinore, CA 92530	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$100.00		
1/19/18	Lumos Communities 2618 San Miguel Dr. #503 Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00		
1/19/18	Werner Corp. P.O. Box 77850 Corona, CA 92877	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$2500.00		
			SUBTOTAL $	3950.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 37,040.79
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ Ø
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 37,040.79

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/12/18	General Outdoor Advertising 632 S. Hope Ave. Ontario, CA 91761	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$500.00		
1/12/18	Matthew Fagan Consulting 42011 Avenida Vista Lodera Temecula, CA 92591	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$200.00		
1/12/18	Havadjia Holdings Inc. 3800 Orange St. Suite 250 Riverside, CA 92501	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$500.00		
1/12/18	Norman Brady – Norman Industries 3835 E. Thousand Oaks Blvd, #1226 Westlake Village, CA 91362	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$1,000.00		
1/12/18	Lake Elsinore Hotel & Casino 20930 Malaga Road Lake Elsinore CA 92530	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$2500.00		
			SUBTOTAL $	4,700.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/10/18	T & B Planning 17542 E. 17th Street #100 Tustin, CA 92780	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$ 100.00		
1/10/18	Michael & Lisa Lovallo 6601 N. Tower Circle Dr. Lincolnwood, IL 60712	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney	$ 100.00		
1/10/18	Star Milling Co. P.O. Box 1987 Perris, CA 92572	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$ 500.00		
1/10/18	Andy Domenigoni 31851 Winchester Rd. Winchester, CA 92596	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Farmer	$ 500.00		
1/10/18	Rider Seaton Partners 2 Park Plaza #700 Irvine, CA 92614	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$ 1,000.00		
			SUBTOTAL $	$ 2,200.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/22/18	Robertson's P.O. Box 3600 Corona, CA 92878	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$1,000.00		
1/22/18	Steven & Michelle Debaun 19370 Maple Leaf Lane Yorba Linda, CA 92886	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney for BB&K	$150.00		
1/22/18	CR&R P.O. Box 125 Stanton, CA 90680	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$1,250.00		
1/24/18	Golden Office Dealers, Inc. P.O. Box 669 Wildomar, CA 92595	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00		
1/24/18	Markham Development 41635 Enterprise Cir. North #B Temecula, CA 92590	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00		
			SUBTOTAL $	2,900.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/18	Fred Domínguez 1405 Lakeshore Drive Lake Elsinore, CA 92530	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00		
1/31/18	Sam Alhadeff 28765 Single Oak Dr. #140 Temecula, CA 92590	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer	$150.00		
1/31/18	Burrtec Waste Industries 9890 Cherry Ave. Fontana, CA 92335	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$1,000.00		
1/31/18	K & A Engineering, Inc. 357 N. Sheridan St. #117 Corona, CA 92880	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$500.00		
1/31/18	Glen Miller 80557 Haylake Dr. Indio, CA 92201	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	District Director for Senator Stone	$100.00		
			SUBTOTAL $	1,850.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/18	David Leonard Associates 1770 Iowa Ave, #100 Riverside, CA 92507	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$150.00		
1/31/18	Thor Investments 1200 Quail St. #220 Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$500.00		
1/31/18	Foremost Communities, Inc. 4590 MacArthur Blvd. #600 Newport Beach, CA 92660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$1,000.00		
1/31/18	Ocean Springs LLC Two Better World Cir. #200 Temecula CA 92590	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$200.00		
1/31/18	Ed & Lynn Magee 7069 Temple Terrace San Diego, CA 92119	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC	Retired	$300.00		
			SUBTOTAL $	2,150.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/4/18	Kristen Huyck 24676 Amber Valley Ave. #2 Murrieta, CA 92595	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor, Mira Costa College	$100.00		
2/4/18	The Glorias Land Company LLC 556 N. Diamond Bar, Blvd. #212 Diamond Bar, CA 91765	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00		
2/4/18	Gail Materials 10060 Dawson Canyon Rd. Corona, CA 92883	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$750.00		
2/2/18	Richland Properties LLC 3161 Michelson Dr. #425 Irvine, CA 92612	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00		
2/2/18	MJ Bray LLC 3161 Michelson Dr. #425 Irvine, CA 92612	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00		
			SUBTOTAL $	1,600.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

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

Page 11 of 19

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/2/18	Bill Co 24338 El Toro Rd #E-615 Laguna Woods, CA 92637	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Developer/ Consultant	$1,000.00		
2/2/18	TT Group 606 North First Street San Jose, CA 95112	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$500.00		
2/9/18	Adkan Engineers 6879 Airport Drive Riverside, CA 92504	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$250.00		
2/9/18	Majestic Realty Co. 13191 Crossroads Parkway N. City of Industry, CA 91746	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$1,000.00		
2/9/18	Canyon Tire Sales, Inc 10064 Dawson Canyon Rd. # A Corona, CA 92883	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$500.00		
			SUBTOTAL $	3250.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/9/18	Stan & Kristine Gonzales 30285 Spring Dr. Canyon Lake, CA 92587	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Golf Course Manager: Summerly	$100.00		
2/9/18	LK Properties Group, LLC P.O. Box 630 Rosemead, CA 91770	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$2,500.00		
2/9/18	Thomas Carlos Ketchum 15363 La Casa Dr. Moreno Valley, CA 92555	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	County of Riverside	$200.00		
2/9/18	Bruce Vinci Sr. 2505 Anthem Village Dr. #E580 Henderson, NV 89052	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired - Developer	$249.00		
2/9/18	Kevin & Chris Jeffries 17668 Grand Ave. Lake Elsinore, CA 92530	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	County of Riverside	$500.00		
			SUBTOTAL $ 3,549.00			

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/9/18	The Daniel Stevenson Family Trust 41391 Kalmia St., Suite 200 Murrieta, CA 92562	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner: Rancon Development	$200.00		
2/9/18	Polytech Construction 211 Nanette St. Redlands, CA 92373	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$1,000.00		
2/9/18	Ben & Jaimie Benoit 33782 Amberton Dr. Wildomar, CA 92595	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	California Apartment Assoc.	$200.00		
2/9/18	Kris Anderson 22266 Walnut Dr. Wildomar, CA 92595	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner: Anderson Professional Services	$250.00		
2/9/18	Chakra Partners LLC 1003 E. Florida Ave., Suite 101 Hemet, CA 92543	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$500.00		
			SUBTOTAL $	2,150.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

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

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/13/18	Terracina Investors, LLC 3334 E Coast HWY #605 Corona Del Mar, CA 92625	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$500.00		
2/13/18	Lansing Stone Star LLC 12671 High Bluff Dr. #150	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$249.00		
2/14/18	Ruth Atkins 15237 Lake Trail Cir. Lake Elsinore, CA 92530	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100.00		
2/14/18	Downs Energy 1296 Magnolia Ave. Corona, CA 92879	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$500.00		
2/14/18	A. Lua Trucking 18938 Mermack Ave. Lake Elsinore, CA 92532	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$500.00		
			SUBTOTAL $	1,849.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

Page 15 of 19

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/12/18	GLHF LLC 330 Wilshire Blvd. Santa Monica, CA 90401	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$5,000.00		
3/21/18	The Sauls Company 742 Summit Dr. Laguna Beach, CA 92651	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$237.79		
3/21/18	Wayne Kiley 2279 Eagle Glen Parkway Corona, CA 92883	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Developer/owner Quality Associates, Inc.	$955.00		
3/26	AMR 879 Marlborough Ave. Riverside, CA 92507	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		$500.00		
3/26	Robert Brady 31859 Willow Wood Ct. Lake Elsinore, CA 92532	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$200.00		
			SUBTOTAL $	6,892.79		

*Contributor Codes
IND – Individual
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SCC – Small Contributor Committee

Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

SCHEDULE D

CALIFORNIA FORM 460

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

Page 16 of 19

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/20/18	Karin Jeffries for Supervisor 2020 ☒ Support ☐ Oppose	☒ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure	Donation	$250.00		
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL $	250.00		

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... $ 250.00
2. Unitemized contributions and independent expenditures made this period of under $100 ..... $ Ø
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... TOTAL .. $ 250.00

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

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

SCHEDULE E
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
QSA 33896 Harvest Way East Wildomar, CA 92530	WEB	Social Media Hosting	$900.00
The Links at Summerly 29381 Village Parkway Lake Elsinore, CA 92530	FND	Super Bowl Fundraiser Party Food & Beverages 60+ People	$1975.00
LEVCC 132 W. Graham Ave. Lake Elsinore, CA 92530	MTG	Annual Chamber Installation Event/Dinner	$125.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 3,000.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ $7,904.60
2. Unitemized payments made this period of under $100 ..... $ $546.67
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ Ø
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ $8,451.27

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

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

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
H. Del Beckley Rowing Foundation 10601-G Tierrasanta Blvd. #389 San Diego, CA 92124	CVC	New Boat Fund Donation	$100.00
Animal Friends of the Valleys 33751 Mission Trail Wildomar, CA 92595	CVC	Tee Box Sponsorship Donation	$100.00
Reality Rally c/o Michelle's Place 41893 Niblick Road Temecula, CA 92591	CVC	Sponsorship Donation	$500.00
Lake Elsinore Storm Booster Club 32295 Mission Trail Suite R-8 PMB #154 Lake Elsinore, CA 92530	CVC	Membership/Donation	$100.00
Kevin Jeffries for Supervisor 2020 3711-A Arlington Ave. Riverside CA 92506 ID# 1334977	IND	Campaign Donation	250.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1,050.00

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

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

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Bob Magee

I.D. NUMBER: 1254151

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
The Williams Company 3711-A Arlington Ave, Riverside, CA 92506	FND	Fundraising Commission, E Blasts & mailings	$3854.60

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ $3854.60