Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Statement covers period
from 10/21/2018
through 12/31/2018

Date of election if applicable:
(Month, Day, Year)
11/06/2018

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   X 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:
   □ Preliminary Statement
   □ Semi-Annual Statement
   □ Special Occasion Report
   □ Supplemental Preliminary Statement - Attach Form 495
   □ Amendment (Explain below)

3. Committee Information

   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Committee to Elect Tim Sheridan to Lake Elsinore City Council 2018

   I.D. NUMBER
   140733

   STREET ADDRESS (NO P.O. BOX)
   525 E. Seaside Way, #101-C

   CITY
   Long Beach

   STATE
   CA

   ZIP CODE
   90802

   AREA CODE/PHONE
   (562) 983-0815

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   P.O. Box 130

   CITY
   Lake Elsinore

   STATE
   CA

   ZIP CODE
   92531

   AREA CODE/PHONE
   (562) 983-0815

   OPTIONAL: FAX / E-MAIL ADDRESS
   (562) 983-0815 / SheridanForLakeElsinore.com

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 01/30/2019
   Date

   Executed on 01/30/2019
   Date

   Executed on
   Date

   By
   Signature of Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By
   Signature of Officeholder, Candidate, State Measure Proponent

   By
   Signature of Officeholder, Candidate, State Measure Proponent

www.netfile.com

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
## Schedule B - Part 1
**Loans Received**

Amounts may be rounded to whole dollars.

### Statement covers period
- **from**: 10/21/2018
- **through**: 12/31/2018

### Committee to Elect Tim Sheridan to Lake Elsinore City Council 2018

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender</th>
<th>Outstading Balance Beginning This Period</th>
<th>Amount Received This Period</th>
<th>Outstanding Balance at Close of This Period</th>
<th>Interest Paid This Period</th>
<th>Original Amount of Loan</th>
<th>Cumulative Contributions to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timothy Sheridan</td>
<td>$5,250.00</td>
<td>$0.00</td>
<td>$5,250.00</td>
<td>0.00% Rate</td>
<td>$5,250.00</td>
<td>$5,250.00</td>
</tr>
<tr>
<td>Lake Elsinore, CA 92531</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CALFORNIA YEAR</td>
</tr>
<tr>
<td>† IND □ COM □ OTH □ PTY □ SCC</td>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
<td>PER ELECTION</td>
</tr>
<tr>
<td>† IND □ COM □ OTH □ PTY □ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>† IND □ COM □ OTH □ PTY □ SCC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotals**
- $0.00
- $0.00
- $5,250.00
- $0.00

### Schedule B Summary

1. Loans received this period ........................................... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .............................. $ 0.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ....... NET $ 0.00
   (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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**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

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**FPPC Form 460 (Jan/2016)**
**FPPC Advice: advice@fppc.ca.gov (866/275-3772)**
**www.fppc.ca.gov**
# Schedule E
## Payments Made

Amounts may be rounded to whole dollars.

**Statement covers period**
from 10/21/2018
through 12/31/2018

**Committee to Elect Tim Sheridan to Lake Elsinore City Council 2018**

**I.D. NUMBER**
1407318

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

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CODE</th>
<th>OR</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>A to Z Printing&lt;br&gt;4330 Van Buren Blvd.&lt;br&gt;Riverside, CA 92502</td>
<td>CMP</td>
<td></td>
<td></td>
<td>481.84</td>
</tr>
<tr>
<td>A to Z Printing&lt;br&gt;4330 Van Buren Blvd.&lt;br&gt;Riverside, CA 92502</td>
<td>CMP</td>
<td></td>
<td></td>
<td>1,449.84</td>
</tr>
<tr>
<td>American Express&lt;br&gt;200 Vesey St.&lt;br&gt;New York, NY 10285</td>
<td></td>
<td></td>
<td>Credit Card Payment</td>
<td>359.54</td>
</tr>
</tbody>
</table>

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

**SUBTOTAL** $2,291.22

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ......................................................... $6,205.38
2. Unitemized payments made this period of under $100 ................................................................. $107.75
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ........................................ $0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .................. TOTAL $6,313.13

www.netfile.com
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Timothy J. Sheridan

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  CITY   STATE   ZIP
17 Corte Palazzo    Lake Elsinore CA  92532

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>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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<tbody>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

<table>
<thead>
<tr>
<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.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSENT

<table>
<thead>
<tr>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
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</table>

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<thead>
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<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
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</table>

Attach continuation sheets if necessary
**Contributions Received**

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule A, Line 3</th>
<th>Schedule B, Line 3</th>
<th>Add Lines 1 + 2</th>
<th>Schedule C, Line 3</th>
<th>Add Lines 3 + 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monetary Contributions</td>
<td>$1,400.00</td>
<td>$5,250.00</td>
<td>$1,400.00</td>
<td></td>
<td>$41,065.72</td>
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<td>Loans Received</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th>Description</th>
<th>Schedule E, Line 4</th>
<th>Schedule H, Line 3</th>
<th>Add Lines 6 + 7</th>
<th>Schedule F, Line 3</th>
<th>Schedule C, Line 3</th>
<th>Add Lines 8 + 9 + 10</th>
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</thead>
<tbody>
<tr>
<td>Payments Made</td>
<td>$6,313.13</td>
<td></td>
<td>$33,009.05</td>
<td></td>
<td></td>
<td>$33,890.05</td>
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<tr>
<td>Loans Made</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL CASH PAYMENTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued Expenses (Unpaid Bills)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonmonetary Adjustment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENDITURES MADE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Current Cash Statement**

- Beginning Cash Balance Previous Summary Page, Line 16: $12,463.80
- Cash Receipts Column A, Line 3 above: $1,400.00
- Miscellaneous increases to Cash Schedule I, Line 4: $250.00
- Cash Payments Cash Payments Column A, Line 8 above: $6,313.13
- ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15: $7,800.67

**Cash Equivalents and Outstanding Debts**

- Cash Equivalents See instructions on reverse: $0.00
- Outstanding Debts Add Line 2 + Line 9 in Column B above: $5,625.00
### Schedule A
#### Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/30/2018</td>
<td>Eloise Reyes for Assembly 2018 (ID# 1393341) 1787 Tribute Rd. Ste. K Sacramento, CA 95815</td>
<td>☑ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td>□ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td>250.00</td>
<td>250.00</td>
<td></td>
</tr>
<tr>
<td>11/05/2018</td>
<td>IBEW Local 47 PAC (ID# 861332) 600 N. Diamond Bar Blvd. Diamond Bar, CA 91765</td>
<td>☑ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td>□ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td>750.00</td>
<td>750.00</td>
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</tr>
<tr>
<td>11/05/2018</td>
<td>Stanley Stosel 782 S. University Drive Riverside, CA 92507</td>
<td>☑ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td>□ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td>250.00</td>
<td>250.00</td>
<td></td>
</tr>
<tr>
<td>12/18/2018</td>
<td>Dale Willard 4044 NE 67th St. Seattle, WA 98105</td>
<td>☑ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td>□ IND ☑ COM ☑ OTH ☑ PTY ☑ SCC</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL** $1,350.00

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ................................................................. $ 1,350.00

2. Amount received this period – unitemized monetary contributions of less than $100 $50.00

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ............... TOTAL $ 1,400.00

---

*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

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www.fppc.ca.gov
<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Express</td>
<td></td>
<td>Credit Card Payment - No single expense of $100 or more</td>
<td>124.16</td>
</tr>
<tr>
<td>200 Vesey St.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New York, NY 10085</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crummitt &amp; Associates</td>
<td>PRO</td>
<td></td>
<td>520.00</td>
</tr>
<tr>
<td>525 E. Seaside Way, #101-C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long Beach, CA 90802</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crummitt &amp; Associates</td>
<td>PRO</td>
<td></td>
<td>520.00</td>
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<tr>
<td>525 E. Seaside Way, #101-C</td>
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<td></td>
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</tr>
<tr>
<td>Long Beach, CA 90802</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overland Strategies, LLC</td>
<td>CNS</td>
<td></td>
<td>2,750.00</td>
</tr>
<tr>
<td>142 E. Bonita Ave., #106</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Dimas, CA 91773</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

SUBTOTAL $3,914.16
Schedule F
Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period from 10/21/2018 through 12/31/2018

Committee to Elect Tim Sheridan to Lake Elsinore City Council 2018

I.D. NUMBER
1407318

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- RND fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- UT campaign literature and mailings

NAME AND ADDRESS OF CREDITOR
(If Committee, also enter I.D. number)

<table>
<thead>
<tr>
<th>CODE OR DESCRIPTION OF PAYMENT</th>
<th>OUTSTANDING BALANCE BEGINNING OF THIS PERIOD</th>
<th>AMOUNT INCURRED THIS PERIOD</th>
<th>AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)</th>
<th>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP campaign paraphernalia/misc.</td>
<td>481.84</td>
<td>0.00</td>
<td>481.84</td>
<td>0.00</td>
</tr>
<tr>
<td>TIMOTHY SHERIDAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.O. Box 130</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore, CA 92531</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIL candidate filing/ballot fees</td>
<td>0.00</td>
<td>375.00</td>
<td>0.00</td>
<td>375.00</td>
</tr>
</tbody>
</table>

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

SUBTOTALS
$ 481.84 $ 375.00 $ 481.84 $ 375.00

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.)

INCURRED TOTALS $ 375.00

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.)

PAID TOTALS $ 481.84

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

NET $ -106.84

May be a negative number.
Schedule G  
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 10/21/2018</td>
<td>460</td>
</tr>
<tr>
<td>through 12/31/2018</td>
<td></td>
</tr>
<tr>
<td>Page 9 of 10</td>
<td>I.D. NUMBER</td>
</tr>
<tr>
<td></td>
<td>1407318</td>
</tr>
</tbody>
</table>

NAME OF FILER
Committee to Elect Tim Sheridan to Lake Elsinore City Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

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

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

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE OR CREDITOR</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoneburner.com</td>
<td>PHO</td>
<td></td>
<td>149.00</td>
</tr>
<tr>
<td>1968 S. Coast Hwy., #1800</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laguna Beach, CA 92651</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. Postal Service</td>
<td>POS</td>
<td></td>
<td>105.00</td>
</tr>
<tr>
<td>500 W. Graham Ave.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore, CA 92530</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $ 254.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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## Schedule I
### Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 10/21/2018</td>
<td>460</td>
</tr>
<tr>
<td>through 12/31/2018</td>
<td></td>
</tr>
<tr>
<td>Page 10 of 10</td>
<td></td>
</tr>
<tr>
<td>I.D. NUMBER</td>
<td>1407318</td>
</tr>
</tbody>
</table>

Committee to Elect Tim Sheridan to Lake Elsinore City Council 2018

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>DESCRIPTION OF RECEIPT</th>
<th>AMOUNT OF INCREASE TO CASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/13/2018</td>
<td>California Bank and Trust</td>
<td>Refund</td>
<td>250.00</td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL $**

250.00

### Schedule I Summary

1. Itemized increases to cash this period. .......................................................... $ 250.00

2. Unitemized increases to cash of under $100 this period. ............................... $ 0.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) .................................................. $ 0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ........................................ $ 250.00

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