

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

Date Stamp JAN 30 AM 11:54	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>6</u> <small>For Official Use Only</small>

Statement covers period from <u>07/01/2018</u> through <u>12/31/2018</u>	Date of election if applicable: (Month, Day, Year) <u>11/06/2018</u>
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SEE INSTRUCTIONS ON REVERSE

<p><b>1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</b></p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee  <input type="checkbox"/> State Candidate Election Committee  <input type="checkbox"/> Recall  <small>(Also Complete Part 5)</small></p> <p><input type="checkbox"/> General Purpose Committee  <input type="checkbox"/> Sponsored  <input type="checkbox"/> Small Contributor Committee  <input type="checkbox"/> Political Party/Central Committee</p> <p><input type="checkbox"/> Primarily Formed Ballot Measure Committee  <input type="checkbox"/> Controlled  <input type="checkbox"/> Sponsored  <small>(Also Complete Part 6)</small></p> <p><input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee  <small>(Also Complete Part 7)</small></p>	<p><b>2. Type of Statement:</b></p> <p><input type="checkbox"/> Preelection Statement  <input checked="" type="checkbox"/> Semi-annual Statement  <input type="checkbox"/> Termination Statement  <small>(Also file a Form 410 Termination)</small>  <input type="checkbox"/> Amendment (Explain below)</p> <p><input type="checkbox"/> Quarterly Statement  <input type="checkbox"/> Special Odd-Year Report</p>
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<p><b>3. Committee Information</b></p> <p>I.D. NUMBER <u>1320527</u></p> <p>COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Friends of Brian Tisdale for City Council 2018</u></p> <p>STREET ADDRESS (NO P.O. BOX) <u>19415 Applewood Court</u></p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td><u>Lake Elsinore</u></td> <td><u>CA</u></td> <td><u>92530</u></td> <td><u>951-440-7495</u></td> </tr> </table> <p>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Lake Elsinore</u>	<u>CA</u>	<u>92530</u>	<u>951-440-7495</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE					<p><b>Treasurer(s)</b></p> <p>NAME OF TREASURER <u>Brian Tisdale</u></p> <p>MAILING ADDRESS <u>19415 Applewood Court</u></p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td><u>Lake Elsinore</u></td> <td><u>CA</u></td> <td><u>92530</u></td> <td><u>951-440-7495</u></td> </tr> </table> <p>NAME OF ASSISTANT TREASURER, IF ANY</p> <p>MAILING ADDRESS</p> <table border="0"> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>AREA CODE/PHONE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>OPTIONAL: FAX / E-MAIL ADDRESS</p>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	<u>Lake Elsinore</u>	<u>CA</u>	<u>92530</u>	<u>951-440-7495</u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE				
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**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 _____ Date	By _____ Signature of Treasurer or Assistant Treasurer
Executed on _____ 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  
 Brian Tisdale

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
 19415 Applewood Court 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

*Attach continuation sheets if necessary*

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2018</u> through <u>12/31/2018</u>	CALIFORNIA FORM <b>460</b> Page <u>3</u> of <u>6</u> I.D. NUMBER <b>1329587</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Brian Tisdale for City Council 2018

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions..... Schedule A, Line 3	\$ 1500	\$ 7450
2. Loans Received..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2	\$ 1500	\$ 7450
4. Nonmonetary Contributions..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4	\$ 1500	\$ 7450

**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	\$ 5950	\$ 1500
21. Expenditures Made	\$ 2074	\$ 5576

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... Schedule E, Line 4	\$ 5576	\$ 7650
7. Loans Made..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7	\$ 5576	\$ 7650
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	\$ 5576	\$ 7650

**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
____/____/____	\$ _____
____/____/____	\$ _____

**Current Cash Statement**

12. Beginning Cash Balance..... Previous Summary Page, Line 16	\$ 8131
13. Cash Receipts..... Column A, Line 3 above	1500
14. Miscellaneous Increases to Cash..... Schedule I, Line 4	0
15. Cash Payments..... Column A, Line 8 above	5576
16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4055

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

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).

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

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0

**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

**Schedule A  
Monetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from <u>07/01/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>Friends of Brian Tisdale for City Council 2018</b>	I.D. NUMBER <b>1329587</b>
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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)
7/27/2018	California Real Estate Political Action Com. California Ass. of Realtors 525 S. Vigil Avenue Los Angeles, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000	1000	
12/10/2018	Lake Elsinore Holding Co., LLC #120 22 park Plaza, Suite 700 Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500	500	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>1500</b>		

**Schedule A Summary**

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)	\$ <u>1500</u>
2. Amount received this period – unitemized monetary contributions of less than \$100	\$ <u>0</u>
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	<b>TOTAL \$ <u>1500</u></b>

**\*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 E  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from <u>07/01/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>6</u>
	I.D. NUMBER <b>1329587</b>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Friends of Brian Tisdale for City Council 2018

**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
Boys and Girls Clubs of Southwest County PO Box 892349 Temecula CA 92589	CVC		500
City of Lake Elsinore 130 S Main St Lake Elsinore, CA 92530	Fil		375
Animal Friends of the Valley 33751 Mission Trail Wildomar CA 92595	CVC		1540
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.			<b>SUBTOTAL \$</b> 2415

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.).....	\$	4780
2. Unitemized payments made this period of under \$100.....	\$	796
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).).....	\$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.).....	<b>TOTAL \$</b>	<b>5576</b>

FPPC Form 460 (Jan/2016)  
FPPC Advice: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov) (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Schedule E  
(Continuation Sheet)  
Payments Made**

Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>07/01/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>6</u>
	I.D. NUMBER <b>1329587</b>

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NAME OF FILER

**Friends of Brian Tisdale for City Council 2018**

**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
Valley Restart 200 E Menlo Ave Hemet, CA 92543	CVC			450
CA Family Life Hemet 930 N. State Street Hemet CA 92543	CVC			1315
Trauma Intervention Program of Southwest Riverside County PO Box 585 Murrieta, CA 92564	CVC			600

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

**SUBTOTAL \$ 2365**