1. Office, Agency, or Court

Agency Name: (Do not use acronyms)
City of Lake Elsinore
Division, Board, Department, District, if applicable
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, 2018, through December 31, 2018.
☐ Leaving Office: Date Left _____/_____/_______
   (Check one circle.)
   ☐ The period covered is January 1, 2018, through the date of leaving office.
   ☐ The period covered is _____/_____/_______, through the date of leaving office.
☐ Assuming Office: Date assumed _____/_____/_______
☐ Candidate: Date of Election ___________ 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 A-2 - Investments – schedule attached
☐ Schedule B - Real Property – schedule attached
☒ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income - Gifts – schedule attached
☐ Schedule E - Income - Gifts – Travel Payments – schedule attached

- or - ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
Lake Elsinore CA 92530-8323

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 951 ) 440-7495 btisdale@rivco.org

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 03/19/2019 12:25 PM Signature ____________________________
(File the originally signed paper statement with your filing official.)
**SCHEDULE A-1**

**Investments**

**Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.*

Do not attach brokerage or financial statements.

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>GENERAL DESCRIPTION OF THIS BUSINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationwide Retirement Solutions</td>
<td>Retirement</td>
</tr>
</tbody>
</table>

**FAIR MARKET VALUE**

- ☑ $10,001 - $100,000
- ☐ $2,000 - $10,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

**NATURE OF INVESTMENT**

- ☑ Stock
- ☐ Partnership

(Describe)

- ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

- 01/01/18 Acquired
- 01/01/18 Disposed

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**FAIR MARKET VALUE**

- ☐ $2,000 - $10,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

**NATURE OF INVESTMENT**

- ☐ Stock
- ☐ Partnership

(Describe)

- ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

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**FAIR MARKET VALUE**

- ☐ $2,000 - $10,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

**NATURE OF INVESTMENT**

- ☐ Stock
- ☐ Partnership

(Describe)

- ☐ Income Received of $0 - $499
- ☐ Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

- 01/01/18 Acquired
- 01/01/18 Disposed

Comments:
## SCHEDULE C
### Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

**NAME OF SOURCE OF INCOME**

**County of Riverside**

**ADDRESS (Business Address Acceptable)**

4080 Lemon Street, Riverside CA 92501

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

**YOUR BUSINESS POSITION**

**Legislative Assistance**

**GROSS INCOME RECEIVED**

- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

- Salary
- Spouse’s or registered domestic partner’s income
  (For self-employed use Schedule A-2.)
- Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- Sale of (Real property, car, boat, etc.)
- Loan repayment
- Commission or Rental Income, list each source of $10,000 or more

- Other (Describe)

**NAME OF SOURCE OF INCOME**

**Defense Fianance and Accounting Services**

**ADDRESS (Business Address Acceptable)**

PO Box 7130, London, KY 40742-7130

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

**YOUR BUSINESS POSITION**

**USMC Retired**

**GROSS INCOME RECEIVED**

- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

- Salary
- Spouse’s or registered domestic partner’s income
  (For self-employed use Schedule A-2.)
- Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- Sale of (Real property, car, boat, etc.)
- Loan repayment
- Commission or Rental Income, list each source of $10,000 or more

- Other (Describe)

**LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:

**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**HIGHEST BALANCE DURING REPORTING PERIOD**

- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**INTEREST RATE**

- %

**TERM (Months/Years)**

**SECURITY FOR LOAN**

- None
- Personal residence
- Real Property
  
  
  Street address

  City

- Guarantor

- Other (Describe)

**Comments:**

---

**Name**

Brian Tisdale

**County of Riverside**

4080 Lemon Street, Riverside CA 92501

Legislative Assistance

**Defense Fianance and Accounting Services**

PO Box 7130, London, KY 40742-7130

USMC Retired

Military Pension
SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

NAME OF BUSINESS ENTITY
ICMA-RC Building Public Sector Retirement

GENERAL DESCRIPTION OF THIS BUSINESS

457

FAIR MARKET VALUE

☐ $2,000 - $10,000 ☑ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT

☐ Stock ☑ Other

☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_/_/18 ACQUIRED
_/_/18 DISPOSED

NAME OF BUSINESS ENTITY

Nationwide Retirement Solutions

GENERAL DESCRIPTION OF THIS BUSINESS

Retirement/457

FAIR MARKET VALUE

☐ $2,000 - $10,000 ☑ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT

☐ Stock ☑ Other

☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_/_/18 ACQUIRED
_/_/18 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other

☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_/_/18 ACQUIRED
_/_/18 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ $2,000 - $10,000 ☐ $10,001 - $100,000
☐ $100,001 - $1,000,000 ☐ Over $1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other

☐ Partnership ☐ Income Received of $0 - $499
☐ Income Received of $500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_/_/18 ACQUIRED
_/_/18 DISPOSED

Filer’s Verification

Brian Tisdale

Print Name

Office, Agency or Court City of Lake Elsinore

Statement Type ☑ 2018/2019 Annual ☐ Assuming ☐ Leaving (yr)
☐ Annual ☐ Candidate

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/19/2019 12:29 PM

(month, day, year)

Filer’s Signature Electronic Submission