1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Lake Elsinore
Division, Board, Department, District, if applicable
Your Position
Planning Commissioner

► 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 ____________________________
☐ County of ____________________________
☐ Other ____________________________

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
- or - The period covered is _______/_____/_______ through December 31, 2018.

☐ Leaving Office: Date Left _______/_____/_______
- or - The period covered is January 1, 2018, through the date of leaving office.
- or - 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

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

☒ 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

5. Verification

MAILING ADDRESS
Street
City
State
ZIP Code
Lake Elsinore
CA
92530-3919

Telephone Number
Email Address
mcarroll@lake-elsinore.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 04/03/2019 01:56 PM Signature ____________________________

(File the originally signed paper statement with your filing official.)
1. BUSINESS ENTITY OR TRUST

Name
Michael Carroll

Address (Business Address Acceptable)
135 W. Sumner Ave. Lake Elsinore, CA 92530

Check one
Trust, go to 2
Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Landscaping and Consulting Services

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

$0 - $1,999
$2,000 - $10,000
$10,001 - $100,000
$100,001 - $1,000,000
Over $1,000,000

ACQUIRED

DISPOSED

18
18

NATURE OF INVESTMENT

Partnership
Sole Proprietorship
S-Corp

YOUR BUSINESS POSITION
Owner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

$0 - $499
$500 - $1,000
$1,001 - $10,000

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

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

Walters Management, RAF Management, Lake Elsinore
USD

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
INVESTMENT
REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

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

ACQUIRED

DISPOSED

18
18

NATURE OF INTEREST

Property Ownership/Deed of Trust
Stock
Partnership

Leasehold

Yrs. remaining

Other

Check box if additional schedules reporting investments or real property are attached

Comments:
## SCHEDULE B
### Interests in Real Property
*(Including Rental Income)*

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
<th>GUARANTOR, IF APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Carroll</td>
<td>135 W. Sumner Ave.</td>
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<td>Lake Elsinore, CA</td>
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### Sources of Rental Income:
If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

- **None**

### Nature of Interest
- Ownership/Deed of Trust
- Easement
- Leasehold
- Other

### Rental Property, Gross Income Received

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $499</td>
<td>1/18</td>
<td>1/18</td>
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<tr>
<td>$500 - $1,000</td>
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<td>OVER $100,000</td>
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### Comments:

- You are not required to report loans from a commercial lending institution 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:

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
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