

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
MAR 31 2016
Official Use Only

CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Manos Steven John

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Lake Elsinore

Division, Board, Department, District, if applicable

City Council

Your Position

Council Member

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attachment.

Position: See attachment.

2. Jurisdiction of Office (Check at least one box)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of Lake Elsinore

Other

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

Annual: The period covered is January 1, 2015, through December 31, 2015.

-or-

The period covered is / / , through December 31, 2015.

Leaving Office: Date Left / / (Check one)

The period covered is January 1, 2015, through the date of leaving office.

-or-

The period covered is / / , through the date of leaving office.

Assuming Office: Date assumed / /

Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary (must complete) Total number of pages including this cover page: 5

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - 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
(Business or Agency Address Recommended - Public Document)
130 South Main Street Lake Elsinore CA 92530

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(951) 674-3124 info@stevemanos.com

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 03/31/2016
(month, day, year)

Signature
(File the originally signed statement with your filing official.)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Manos, Steven John

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Prima Vista Real Estate Services

ADDRESS (Business Address Acceptable)
31500 Grape St, #3154, Lake Elsinore, CA 92532

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Services

YOUR BUSINESS POSITION
Owner/ Principal Broker

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
Based on sale or lease of property.
(Describe)

Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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

(Describe)

Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
Street address

_____ * _____
City

Guarantor _____

Other _____
(Describe)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 Manos, Steven John

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 League of California Cities

ADDRESS (Business Address Acceptable)
 1400 K Street

CITY AND STATE
 Sacramento, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for cities and their residents

DATE(S): 01 / 01 / 15 - 12 / 31 / 15 AMT: \$ 610.78
 (If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description Travel, meals and lodging for volunteer services.

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
 (If gift)

▶ MUST CHECK ONE: Gift **-or-** Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

Attachment – Statement of Economic Interests, Cover Page
California Form 700
Fair Political Practices Commission
Period Covered 1/1/2015 to 12/31/2015

Additional positions:

Agency: Riverside County Habitat Conservation Agency
Jurisdiction: Riverside County

Position: Chairman

Agency: Riverside County Airport Land Use Commission
Jurisdiction: Riverside County

Position: Agency Member