STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Martin Steve A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City Council
Division, Board, Department, District, if applicable
City of Lake Elsinore
Your Position
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 or
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, 2015, through December 31, 2015.
☐ Leaving Office: Date Left __/____/_____
☐ The period covered is __/____/_____, through December 31, 2015.
☐ The period covered is __/____/_____, through the date of leaving office.

☐ Assuming Office: Date assumed __/____/_____
☐ Candidate: Election year 2016 and office sought, if different than Part 1:

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

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
(Business or Agency Address Recommended - Public Document)
231 Alessandro Blvd Ste A305 Riverside CA 92508

DAYTIME TELEPHONE NUMBER (555) 283-8982 E-MAIL ADDRESS smarcov@outlook.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 information is true and correct.

Date Signed 08/10/2016
(month, day, year)

Signature

(Attach originally signed statement with your filing officer)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov