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of the State of California

JUL 13 2015

JUN 22 2015

Statement of Organization  
Recipient Committee

Statement Type

Initial

Not yet qualified  or

Amendment

List I.D. number:

# 1351008

08 / 22 / 2012

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

Date qualified as committee  
(If applicable)

Termination - See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

Date Stamp

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MAY 21 2015

CALIFORNIA  
FORM 410

For Official Use Only

15 JUN 29 AM 11:00

REGISTRAR OF VOTERS  
COUNTY OF RIVERSIDE

1. Committee Information

NAME OF COMMITTEE

Steve Manos for Lake Elsinore City Council 2016

STREET ADDRESS (NO P.O. BOX)

28097 Bradley Rd

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Menifee

Ca

92586

(951)679-3088

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Riverside

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Lake Elsinore

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Joe E Daugherty

STREET ADDRESS (NO P.O. BOX)

28097 Bradley Rd

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Menifee

Ca

92586

(951)679-3088

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Steve Manos

STREET ADDRESS (NO P.O. BOX)

29 Plaza Lucerna

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lake Elsinore

Ca

92532

(951)317-8830

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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

5/15/15

By

[Redacted Signature]

\_\_\_\_\_  
OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

\_\_\_\_\_  
OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on

DATE

By

\_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME <b>Steve Manos for Lake Elsinore City Council 2016</b>	I.D. NUMBER <b>1351008</b>
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- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION <b>Bank of America</b>	AREA CODE/PHONE <b>(951)679-6818</b>	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS <b>2485 East Lakeshore Drive</b>	CITY <b>Lake Elsinore</b>	STATE <b>Ca</b>	ZIP CODE <b>92530</b>

**4. Type of Committee** Complete the applicable sections:

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
<b>Steve Manos</b>	<b>Lake Elsinore City Council</b>	<b>2016</b>	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

**Primarily Formed Committee**

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>