### Statement of Organization

**Recipient Committee**

**Statement Type**
- [ ] Initial
- [ ] Amendment
- [ ] Termination

**Statement Details**
- **State I.D. number:** 1351008
- **Date I.D. number:** 08/22/2012
- **Date of Termination:**

**Committee Information**
- **Name of Committee:** Steve Manos for Lake Elsinore City Council 2016
- **Street Address:** 28097 Bradley Rd
- **City:** Menifee
- **State:** Ca
- **Zip Code:** 92586
- **Area Code/Phone:** (951)679-3088

**County of Domicile:** Riverside

**Jurisdiction Where Committee is Active:** City of Lake Elsinore

**Date Qualified as Committee:**

### Treasurer and Other Principal Officers

**Name of Treasurer:** Joe E Daugherty
- **Street Address:** 28097 Bradley Rd
- **City:** Menifee
- **State:** Ca
- **Zip Code:** 92586
- **Area Code/Phone:** (951)679-3088

**Name of Assistant Treasurer, if any:**
- **Street Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Area Code/Phone:**

**Name of Principal Officer(s):**
- **Steve Manos**
  - **Street Address:** 29 Plaza Lucerna
  - **City:** Lake Elsinore
  - **State:** Ca
  - **Zip Code:** 92532
  - **Area Code/Phone:** (951)317-8830

**Date Qualified as Committee:**

### 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:**
- **By:**

**Executed on:**
- **Date:**
- **By:**

**Executed on:**
- **Date:**
- **By:**

**Executed on:**
- **Date:**
- **By:**

**Signature of Managing Member, Manager, or Principal Officer:**

**Signature of Controlling Member, Manager, or Principal Officer:**

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FPUC Form 410 (Dec/2012)
FPUC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
# Statement of Organization

**Recipient Committee**

**INSTRUCTIONS ON REVERSE**

**COMMITTEE NAME**

Steve Manos for Lake Elsinore City Council 2016

- All committees must list the financial institution where the campaign bank account is located.

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>(951)679-6818</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2485 East Lakeshore Drive</td>
<td>Lake Elsinore</td>
<td>Ca</td>
<td>92530</td>
</tr>
</tbody>
</table>

## 4. Type of Committee

**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.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Manos</td>
<td>Lake Elsinore City Council</td>
<td>2016</td>
<td>Nonpartisan</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee**

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

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURES(JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE))</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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