

Candidate Intention Statement

Date Stamp <i>rec'd 3/15/14</i>	<b>CALIFORNIA FORM 501</b> For Official Use Only
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Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Manos Steve DAYTIME TELEPHONE NUMBER (951) 317-8830 FAX NUMBER (optional) (951) 339-3346 E-MAIL (optional) INFO@STEVEMANOS.COM

STREET ADDRESS COUNCILMAN CITY LAKE ELSINORE STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICE SOUGHT (POSITION TITLE) LAKE ELSINORE AGENCY NAME \_\_\_\_\_ DISTRICT NUMBER, if applicable. \_\_\_\_\_  NON-PARTISAN

OFFICE JURISDICTION \_\_\_\_\_ PARTY: \_\_\_\_\_

State (Complete Part 2.)

City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2014 Primary/general election \_\_\_\_\_ Special/runoff election \_\_\_\_\_  
(Year of Election) (Year of Election)

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 3/15/14 Signature \_\_\_\_\_  
(month, day, year)