

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b>
	Page 1 of 9
	For Official Use Only

<b>Statement covers period</b>	<b>Date of Election if applicable</b>
from 07/01/2016	
through 09/24/2016	(Month, Day, Year)

1. Type of Recipient Committee

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored
- Primarily Formed Candidate/Officeholder Committee

2. Type of Statement

- Pre-election Statement
- Semi-Annual Statement
- Termination Statement
- Amendment
- Quarterly Statement
- Special Odd-Year Statement
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1351008

**COMMITTEE NAME**  
Steve Manos for Lake Elsinore City Council 2016

**STREET ADDRESS (NO PO BOX)**  
28097 Bradley Rd

**CITY** Sun City      **STATE** CA      **ZIP CODE** 92586      **AREA CODE/PHONE** 951/679-3088

**MAILING ADDRESS (IF DIFFERENT)**

**CITY** \_\_\_\_\_      **STATE** \_\_\_\_\_      **ZIP CODE** \_\_\_\_\_

**OPTIONAL: FAX / E-MAIL ADDRESS**  
(951) 679-2030

Treasurer(s)

**NAME OF TREASURER**  
Joe Daugherty

**STREET ADDRESS**  
28097 Bradley Rd

**CITY** Sun City      **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** \_\_\_\_\_

**OPTIONAL: FAX / E-MAIL ADDRESS**  
(951) 679-2030 / joe.tax@verizon.net

4. Verification

I have used all reasonable diligence in preparing and reviewing 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 9/29/16 By \_\_\_\_\_ ASSISTANT TREASURER

Executed on 9/29/16 By \_\_\_\_\_ SIGNATURE OF MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

**Statement covers period**  
**from** 07/01/2016  
**through** 09/24/2016

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
 Steven J Manos

OFFICE SOUGHT OR HELD ( INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
 City Council Member City of Lake Elsinore

RESIDENTIAL/BUSINESS ADDRESS ( NO. AND STREET) CITY STATE ZIP  
 29 Lucerna Lake Elsinore CA 92532

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS ( NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE STREET ADDRESS ( NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
<p><b>Identify the controlling officeholder, candidate, or state measure proponent, if any.</b></p> NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT			
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY		

**7. Primarily Formed Candidate/Officeholder Committee**

*List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT	<input type="checkbox"/> OPPOSE

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM <b>460</b>
from	07/01/2016	
through		Page 3 of 9
		I.D. NUMBER 1351008

NAME OF FILER Steve Manos for Lake Elsinore City Council 2016

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions ..... Schedule A, Line 3	\$ 3,650.00	\$ 6,550.00
2. Loans Received ..... Schedule B, Line 3	0.00	4,290.00
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1+ 2	\$ 3,650.00	\$ 10,840.00
4. Nonmonetary Contributions ..... Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 3,650.00	\$ 10,840.00

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections.**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

	Column A	Column B
<b>Expenditures Made</b>		
6. Payments Made ..... Schedule E, Line 4	\$ 4,285.32	\$ 7,652.07
7. Loans Made ..... Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 4,285.32	\$ 7,652.07
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 4,285.32	\$ 7,652.07

**Expenditure Limit Summary  
for State Candidates**

22. Cumulative Expenditures Made \*  
( If Subject to Voluntary Expenditure Limits)

_____	\$ _____
_____	\$ _____

\* Amounts in this Section may be different from amounts reported in Column B.

<b>Current Cash Statement</b>	
12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 2,539.95
13. Cash Receipts ..... Column A, Line 3 above	3,650.00
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0.00
15. Cash Payments ..... Column A, Line 8 above	4,285.32
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14. then subtract Line 15	\$ 1,904.63
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00

<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents .....	\$ 0.00
19. Outstanding Debts. .... Add Lines 2 + Line 9 in Column B above	\$ 4,290.00

**Schedule A  
Monetary Contributions Received**

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 4 of 9

NAME OF FILER Steve Manos for Lake Elsinore City Council 2016

I.D. NUMBER  
1351008

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/30/2016	CALIFORNIA REAL ESTATE POLITICAL ACTION COMMITTEE (CREPAC) 525 S. VIRGIL AVENUE LOS ANGELES, CA 90020	COM	ID No. 890106	3,000.00	5,000.00	
08/23/2016	Jack T. Ferguson 31569 Cayon Estates 172 Lake Elsinore, CA 92532	IND	CPA  Jack T Ferguson	250.00	250.00	
09/19/2016	Cherish Lytle 36568 obaria way Lake Elsinore, CA 92532	IND	entrepreneur  Buskins	250.00	250.00	

**SUBTOTAL \$** 3,500.00

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals ) .....	\$	3,500.00
2. Amount received this period - unitemized .....	\$	150.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1) .....	<b>TOTAL \$</b>	<b>3,650.00</b>

\*\* Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2016	
through	09/24/2016	Page 5 of 9

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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Steven J. Manos  29 Lucerna Lake Elsinore, CA 92532  Contributor Code: IND	Real Estate Broker  Steven J Manos	4,290.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	4290.00	0.00	4,290.00	CALENDAR YEAR 0  PER ELECTION **
					DUE DATE 12/31/2016	INTEREST RATE 0.00 %	DATE INCURRED 08/10/2012	

<b>SUBTOTALS \$</b>	(b) 0.00	(c) 0.00	(d) 4,290.00	(e) 0.00	
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**Schedule B Summary**

- 1. Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 0.00
- 2. Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- 3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0.00  
Enter the net here and on the Summary Page, Column A, Line 2.

\*\* Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

**Schedule E  
Payments Made**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
<b>from</b> 07/01/2016	<b>through</b> 09/24/2016	
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NAME OF FILER Steve Manos for Lake Elsinore City Council 2016

I.D. NUMBER  
1351008

**CODES:** If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable production costs
FIL candidate filing / ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
FND fundraising expenses	POL polling and survey research	TRS staff/spouse travel, lodging and meals
IND independent expenditures supporting/opposing others	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet,e-mail)

NAME AND ADDRESS OF PAYEE	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Lake Elsinore 130 South Main Street Lake Elsinore, CA 92530	FIL	525.00
Continuing the Republican Revolution 1300 Bristol North 100 Newport Beach, CA 92660	LIT	400.00
Entenmann Roven 2425 Garfield Los Angeles, CA 90040	CMP	164.37
<b>SUBTOTAL \$</b>		<b>1,089.37</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 3,416.06
2. Unitemized payments made this period of under \$100	\$ 869.26
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 4,285.32</b>

**Schedule E (Continuation Sheet)  
Payments Made**

Statement covers period		CALIFORNIA FORM <b>460</b>
from	07/01/2016	
through	09/24/2016	Page 7 of 9

NAME OF FILER Steve Manos for Lake Elsinore City Council 2016

I.D. NUMBER  
1351008

**CODES:** If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable production costs
FIL candidate filing / ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
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LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet,e-mail)

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Home Depot 18282 Collier Ave Lake Elsinore, CA 92530	CMP		163.18
Home Depot 18282 Collier Ave Lake Elsinore, CA 92530	CMP		67.82
Home Depot 18282 Collier Ave Lake Elsinore, CA 92530	CMP		66.11
Home Depot 18282 Collier Ave Lake Elsinore, CA 92530	CMP		67.26
Home Depot 18282 Collier Ave Lake Elsinore, CA 92530	CMP		55.98

**SUBTOTAL \$** 420.35

**Schedule E (Continuation Sheet)  
Payments Made**

Statement covers period		CALIFORNIA FORM <b>460</b>
from	07/01/2016	
through	09/24/2016	Page 8 of 9

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**CODES:** If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                        | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants                                | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)                  | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations                                     | PET petition circulating                      | TEL t.v. or cable production costs                            |
| FIL candidate filing / ballot fees                      | PHO phone banks                               | TRC candidate travel, lodging and meals                       |
| FND fundraising expenses                                | POL polling and survey research               | TRS staff/spouse travel, lodging and meals                    |
| IND independent expenditures supporting/opposing others | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense                                       | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                    | PRT print ads                                 | WEB information technology costs (internet,e-mail)            |

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Home Depot 18282 Collier Ave Lake Elsinore, CA 92530	CMP		366.14
Home Depot 18282 Collier Ave Lake Elsinore, CA 92530	CMP		58.22
Home Depot 18282 Collier Ave Lake Elsinore, CA 92530	CMP		144.33
Nationbuilder 520 S Grand Ave 2nd floor Los Angeles, CA 90071	WEB		38.00
Nationbuilder 520 S Grand Ave 2nd floor Los Angeles, CA 90071	WEB		36.73

**SUBTOTAL \$** 643.42

**Schedule E (Continuation Sheet)  
Payments Made**

SCHEDULE E

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
<b>from</b> 07/01/2016	<b>through</b> 09/24/2016	
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NAME OF FILER Steve Manos for Lake Elsinore City Council 2016

**CODES:** If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable production costs
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet,e-mail)

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNTPAID
Nationbuilder 520 S Grand Ave 2nd floor Los Angeles, CA 90071	WEB		38.00
Print and Mail Guy 701 W Graham Ave Unit D Lake Elsinore, CA 92530	CMP		389.50
Print and Mail Guy 701 W Graham Ave Unit D Lake Elsinore, CA 92530	CMP		652.48
Print and Mail Guy 701 W Graham Ave Unit D Lake Elsinore, CA 92530	LIT		182.94

**SUBTOTAL \$** 1,262.92