

**Recipient Committee  
Campaign Statement  
Cover Page**

COVER PAGE

CALIFORNIA  
FORM **460**

Date Stamp

*Rec'd 1/31/18  
2:20p.m. MM*

Page 1 of 7

For Official Use Only

**Statement covers period**  
from 07/01/2017  
through 12/31/2017

**Date of Election if applicable**  
\_\_\_\_\_  
(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 STATE ZIP CODE AREA CODE/PHONE  
Sun City CA 92586 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 STATE ZIP CODE AREA CODE/PHONE  
Sun City CA 92586 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 1/27/18

By \_\_\_\_\_

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1/31/18

By \_\_\_\_\_

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE 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 07/01/2017  
through 12/31/2017

**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

SUPPORT  
 OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

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

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
from	07/01/2017	
through	12/31/2017	
		Page 3 of 7

NAME OF FILER Steve Manos for Lake Elsinore City Council 2016

I.D. NUMBER  
1351008

	<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE
<b>Contributions Received</b>		
1. Monetary Contributions . . . . . Schedule A, Line 3	\$ 174.57	\$ 372.57
2. Loans Received . . . . . Schedule B, Line 3	-190.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS . . . . . Add Lines 1+2	\$ -15.43	\$ 372.57
4. Nonmonetary Contributions . . . . . Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED . . . . . Add Lines 3 + 4	\$ -15.43	\$ 372.57

**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	\$ _____	\$ _____

<b>Expenditures Made</b>		
6. Payments Made . . . . . Schedule E, Line 4	\$ 131.46	\$ 608.91
7. Loans Made . . . . . Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS . . . . . Add Lines 6 + 7	\$ 131.46	\$ 608.91
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	\$ 131.46	\$ 608.91

<b>Current Cash Statement</b>	
12. Beginning Cash Balance . . . . . Previous Summary Page, Line 16	\$ 146.89
13. Cash Receipts . . . . . Column A, Line 3 above	-15.43
14. Miscellaneous Increases to Cash . . . . . Schedule I, Line 4	0.00
15. Cash Payments . . . . . Column A, Line 8 above	131.46
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0.00
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	\$ 0.00

**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.

**Schedule A  
Monetary Contributions Received**

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
<b>from</b>	07/01/2017	
<b>through</b>	12/31/2017	Page 4 of 7

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 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)
12/31/2017	Steven J. Manos 29 Lucerna Lake Elsinore, CA 92532	IND	Real Estate Broker  Steven J Manos	174.57 Forgiven Loan	0.00	

**SUBTOTAL \$** 174.57

**Schedule A Summary**

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals) .....	\$	174.57
2. Amount received this period - unitemized .....	\$	0.00
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>	174.57

\*\* 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	07/01/2017	
through	12/31/2017	Page 5 of 7
NAME OF FILER Steve Manos for Lake Elsinore City Council 2016		I.D. NUMBER 1351008

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	190.00		<input checked="" type="checkbox"/> PAID 15.43  <input checked="" type="checkbox"/> FORGIVEN 174.57	0.00	0.00	4,290.00	CALENDAR YEAR -915  PER ELECTION **
					DUE DATE 12/31/2016	INTEREST RATE 0.00 %	DATE INCURRED 08/10/2012	

<b>SUBTOTALS \$</b>	(b) 0.00	(c) 190.00	(d) 0.00	(e) 0.00	
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**Schedule B Summary**

- Loans received this period  
(Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 0.00
- Loans paid or forgiven this period ..... \$ 190.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** (190.00)  
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>	07/01/2017	<b>Page</b>	6 of 7
<b>through</b>	12/31/2017	<b>I.D. NUMBER</b>	1351008

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                            |
| 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
Bank of America 2485 East Lakeshore Dr Lake Elsinore, CA 92530	OFC		16.00
Bank of America 2485 East Lakeshore Dr Lake Elsinore, CA 92530	OFC		21.00
Bank of America 2485 East Lakeshore Dr Lake Elsinore, CA 92530	OFC		16.00
<b>SUBTOTAL \$</b>			<b>53.00</b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 117.00
2. Unitemized payments made this period of under \$100	\$ 14.46
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 \$ 131.46</b>

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

<b>Statement covers period</b>		<b>CALIFORNIA FORM 460</b>
<b>from</b>	07/01/2017	
<b>through</b>	12/31/2017	Page 7 of 7
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
Bank of America 2485 East Lakeshore Dr Lake Elsinore, CA 92530	OFC		16.00
Bank of America 2485 East Lakeshore Dr Lake Elsinore, CA 92530	OFC		16.00
Bank of America 2485 East Lakeshore Dr Lake Elsinore, CA 92530	OFC		16.00
Bank of America 2485 East Lakeshore Dr Lake Elsinore, CA 92530	OFC		16.00

**SUBTOTAL \$** 64.00