Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from 07/01/2017
to 12/31/2017

Date of Election if applicable
(Month, Day, Year)
2:20 p.m. MM

1. Type of Recipient Committee
- ■ Officelholder, 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
- □ Primarily Formed Candidate/Officelholder 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 / joe.tax@verizon.net

Treasurer(s)

NAME OF TREASURER
Joe Daugherty

STREET ADDRESS
28097 Bradley Rd

CITY Sun City
STATE CA
ZIP CODE 52586
AREA CODE/PHONE 951/679-3088

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY
STATE
ZIP CODE

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

Executed on 1/31/18
By

Executed on
By

Executed on
By

FPPC Form 460 (JAN/2016)
State of California/SI
### 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.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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 PROPONE**

**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.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>
## Contributions Received

1. **Monetary Contributions**
   - Schedule A, Line 3
   - Column A: $174.57
   - Column B: $372.57

2. **Loans Received**
   - Schedule B, Line 3
   - Column A: -$190.00
   - Column B: $0.00

3. **SUBTOTAL CASH CONTRIBUTIONS**
   - Add Lines 1 + 2
   - Column A: -$15.43
   - Column B: $372.57

4. **Nonmonetary Contributions**
   - Schedule C, Line 3
   - Column A: $0.00
   - Column B: $0.00

5. **TOTAL CONTRIBUTIONS RECEIVED**
   - Add Lines 3 + 4
   - Column A: -$15.43
   - Column B: $372.57

## Expenditures Made

6. **Payments Made**
   - Schedule E, Line 4
   - Column A: $131.46
   - Column B: $608.91

7. **Loans Made**
   - Schedule H, Line 3
   - Column A: $0.00
   - Column B: $0.00

8. **SUBTOTAL CASH PAYMENTS**
   - Add Lines 6 + 7
   - Column A: $131.46
   - Column B: $608.91

9. **Accrued Expenses (Unpaid Bills)**
   - Schedule F, Line 3
   - Column A: $0.00
   - Column B: $0.00

10. **Nonmonetary Adjustment**
    - Schedule C, Line 3
    - Column A: $0.00
    - Column B: $0.00

11. **TOTAL EXPENDITURES MADE**
    - Add Lines 8 + 9 + 10
    - Column A: $131.46
    - Column B: $608.91

## Current Cash Statement

12. **Beginning Cash Balance**
    - Previous Summary Page, Line 16
    - Column A: $146.89

13. **Cash Receipts**
    - Column A, Line 3 above
    - Column A: -$15.43

14. **Miscellaneous Increases to Cash**
    - Schedule I, Line 4
    - Column A: $0.00

15. **Cash Payments**
    - Column A, Line 9 above
    - Column A: $131.46

16. **ENDING CASH BALANCE**
    - Add Lines 12 + 13 + 14, then subtract Line 15
    - Column A: $0.00

17. **LOAN GUARANTEES RECEIVED**
    - Schedule B, Part 2
    - Column A: $0.00

## Cash Equivalents and Outstanding Debts

18. **Cash Equivalents**
    - Column A: $0.00

19. **Outstanding Debts**
    - Add Lines 2 + Line 9 in Column B above
    - Column A: $0.00
# Schedule A
## Monetary Contributions Received

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

**NAME OF FILER** Steve Manos for Lake Elsinore City Council 2016

**I.D. NUMBER** 1351008

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED</th>
<th>CUMULATIVE TO DATE (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2017</td>
<td>Steven J. Manos</td>
<td>IND</td>
<td>Real Estate Broker</td>
<td>174.57</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>29 Lucerna</td>
<td></td>
<td>Steven J Manos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lake Elsinore, CA 92532</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)
   **TOTAL $** 174.57
Schedule B - Part 1
Loans Received

<table>
<thead>
<tr>
<th>NAME OF FILER</th>
<th>1351008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steve Manos for Lake Elsinore City Council 2016</td>
<td></td>
</tr>
<tr>
<td>FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER</td>
<td></td>
</tr>
<tr>
<td>Steven J. Manos</td>
<td>Real Estate Broker</td>
</tr>
<tr>
<td>29 Lucerna</td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore, CA 92532</td>
<td></td>
</tr>
<tr>
<td>Contributor Code: IND</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>(b) AMOUNT RECEIVED THIS PERIOD</th>
<th>(c) AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>(d) OUTSTANDING BALANCE AT CLOSE OF PERIOD</th>
<th>(e) INTEREST PAID THIS PERIOD</th>
<th>(f) ORIGINAL AMOUNT OF LOAN</th>
<th>(g) CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven J. Manos 190.00 15.43 0.00 0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4,290.00</td>
<td>CALENDAR YEAR -915</td>
</tr>
<tr>
<td>29 Lucerna 174.57 DUE DATE 12/31/2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PER ELECTION **</td>
</tr>
<tr>
<td>Lake Elsinore, CA 92532</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Schedule B Summary</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Loans received this period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Total Column (b) plus unitemized loans of less than $100.)</td>
<td>$ 0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Loans paid or forgiven this period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 190.00</td>
<td></td>
</tr>
<tr>
<td>(Total Column (c) plus loans under $100 paid or forgiven.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Include loans paid by a third party that are also itemized on Schedule A.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Net change this period. (Subtract Line 2 from Line 1.)</td>
<td>$ 190.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Schedule E Payments Made

**NAME OF FILER:** Steve Manos for Lake Elsinore City Council 2016  

**Statement covers period:**  

- **from:** 07/01/2017  
- **through:** 12/31/2017  

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

### NAME AND ADDRESS OF PAYEE

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNTPAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>OFC</td>
<td></td>
<td>16.00</td>
</tr>
<tr>
<td>2485 East Lakeshore Dr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore, CA 92530</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank of America</td>
<td>OFC</td>
<td></td>
<td>21.00</td>
</tr>
<tr>
<td>2485 East Lakeshore Dr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore, CA 92530</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank of America</td>
<td>OFC</td>
<td></td>
<td>16.00</td>
</tr>
<tr>
<td>2485 East Lakeshore Dr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore, CA 92530</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $**  

| $ 53.00 |

### 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.) TOTAL $ 131.46

FPPC Form 460 (JAN/2016)
## Schedule E (Continuation Sheet)

**Payments Made**

**NAME OF FILER:** Steve Manos for Lake Elsinore City Council 2016

**SCHEDULE E**

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from 07/01/2017</td>
<td>Page 7 of 7</td>
</tr>
<tr>
<td>through 12/31/2017</td>
<td>ID, NUMBER 1351008</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>OFC</td>
<td></td>
<td>16.00</td>
</tr>
<tr>
<td>2485 East Lakeshore Dr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore, CA 92530</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank of America</td>
<td>OFC</td>
<td></td>
<td>16.00</td>
</tr>
<tr>
<td>2485 East Lakeshore Dr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore, CA 92530</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank of America</td>
<td>OFC</td>
<td></td>
<td>16.00</td>
</tr>
<tr>
<td>2485 East Lakeshore Dr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore, CA 92530</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank of America</td>
<td>OFC</td>
<td></td>
<td>16.00</td>
</tr>
<tr>
<td>2485 East Lakeshore Dr</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lake Elsinore, CA 92530</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $** 64.00

FPPC Form 460 (JAN/2016)