P	ecipient Committee			City of Men		COVER PAGE
Ca	Impaign Statement vernment Code Sections 84200-84216.5)	Type or print in ir	ık.	SEP 12 20	20	FORNIA 01/02 ORM 460
		Statement covers period from01/01/2016	Date of election if applicable: (Month, Day, Year)	Receiv	ed	1 / 29 For Official Use Only
SEE	INSTRUCTIONS ON REVERSE	through06/30/2016	11/08/2016			
1.	Type of Recipient Committee: All Commit Officeholder, Candidate Controlled Committee O State Candidate Election Committee O Recall (Also Complete Part 5.) General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	ttees - Complete Parts 1,2,3, and 4. Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Stateme Pre-election Stater Semi-annual State Termination Stater Amendment (Explator To report interest each	ment ment nent ain below)	Special C	v Statement Odd-Year Report ental Preelection nt - Attach Form 495
3.	Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	I.D.NUMBER 1378951	Treasurer(s)			
	Scott Mann for Menifee Mayor 2016 STREET ADDRESS (NO P.O. BOX) MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	ox	NAME OF TREASURER Richard Teaman NAME OF ASSISTANT TREASURE	KER, IF ANY		
	CITY STATE ZIP COI	DE AREA CODE/PHONE	MAILING ADDRESS			
			CITY	STATE 2	ZIP CODE	AREA CODE/PHONE
4.	DATE Executed on 08/17/2016 By Sc	I reviewing this statement and to the y under the laws of the State of Calichard Teaman SIGNATURE OF TREASURER OR CONTROLLING OFFICEHOLDER, CANDIDATE, STATE	fornia that the foregoing is true Lianan RESISTANT TREASURER	and correct.	ein and in the	attached schedules
	DATE Executed on By	SIGNATURE OF CONTROLLING OFFICEHOLDER	CANDIDATE, STATE MEASURE PROPONEN	NT	F	PPC Form 460 (JAN/0)

DATE

COVER PAGE - PART 2

CALIFORNIA 460

2/29

Officeholder or Candidate Controlled (Committee	6.	Ballot Measure Con	nmittee			
NAME OF OFFICEHOLDER OR CANDIDATE Scott Mann			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT Sought: Mayor City City of Menit			BALLOT NO. OR LETTER	JURISDICTIO	N	1 444	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT			Identify the controlling office	holder, cand	idate, or state	e measure prope	onent, if any.
Related Committee Notes Indiana Control			NAME OF OFFICEHOLDER, CANE	***			
Related Committees Not Included in this State not included in this statement that are controlled by you or are pricontributions or to make expenditures on behalf of your candidactions.	imarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME Scott Mann for Menifee Mayor 2014	I.D.NUMBER 1355687	7.	Primarily Formed C which this committee is primarily	ommittee	List names	of officeholder(s)	or candidate(s) for
	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMMITTEE ADDRESS CTREET ADDRESS (NO. D. O. DOV			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D.NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)						LI OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		Attach	continuation	sheets if nec	essary	

Campaign Disclosure Statement Summary Page

13. Cash Receipts

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

14. Miscellaneous Increases to Cash Schedule I, Line 4

15. Cash Payments Column A, Line 8 above

16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2

19. Outstanding Debts Add Line 2 + Line 9 in Column B above

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA

FORM 3/29 through ____ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Mann for Menifee Mayor 2016

							1378951		
Contributions Received		TOTAL THIS PERIOD CALENDAR Y			Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candida Running in Both the State Primary a General Elections			andidates nary and
0 1 5 5 1 1	Schedule A, Line 3	\$	50297.00	\$	50297.00	General Ele	1/1 through 6/30		7/4 to Dot-
Loans Received SUBTOTAL CASH CONTRIBUTIONS	Schedule B, Line 7 Add Lines 1 + 2	 \$	<u>0.00</u> 50297.00	 \$	0.00 50297.00	20. Contribution	•	•	7/1 to Date
	Schedule C, Line 3		2169.10	_	2169.10	Received 21. Expenditures	\$0.00	\$	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4		52466.10	\$	52466.10	Made	\$0.00	\$	0.00
Expenditures Made						Expenditur	e Limit Summ	ary fo	r State
6. Payments Made	Schedule E, Line 4	\$	2474.05	\$	2474.05	Candidates		•	
7. Loans Made	Schedule H, Line 7		0.00		0.00	22 C	······································	ndit	res Made*
				_	0.00	22. C	umulative Expe	nantui	cs made
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$	2474.05	\$	2474.05	(If St	umulative Expe	xpendi	ture Limit)
SUBTOTAL CASH PAYMENTS Accrued Expenses (Unpaid Bills)	• *************************************	\$		\$		(If S เ Date of E	ubject to Voluntary I	xpendi	ture Limit)
9. Accrued Expenses (Unpaid Bills)	Add Lines 6 + 7	\$	2474.05	\$	2474.05	(If St	ubject to Voluntary I	xpendi	ture Limit)
Accrued Expenses (Unpaid Bills) Nonmonetary Adjustment	Add Lines 6 + 7 Schedule F, Line 3	\$ \$	2474.05 0.00	\$ \$ \$	2474.05 0.00	(If S เ Date of E	ubject to Voluntary I	xpendi	ture Limit)
Accrued Expenses (Unpaid Bills) Nonmonetary Adjustment	Add Lines 6 + 7 Schedule F, Line 3 Schedule C, Line 3	\$ \$	2474.05 0.00 2169.10	\$ - - \$ T	2474.05 0.00 2169.10	(If S เ Date of E	ubject to Voluntary I	xpendi	ture Limit)

50297.00

0.00

0.00

Column A, Line 3 above

See instructions on reverse

corresponding amounts 23.66 from Column B of your last report. Some amounts in 2474.05 Column A may be negative figures that should be 49253.39 subtracted from previous period amounts. If this is the first report being filed for this calendar year, only 0.00 carry over the amounts from Lines 2, 7, and 9 (if any).

amounts in Column A to the

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

> FPPC Form 460 JAN/05 FPPC Toll-Free Helpline: 866/ASK-FPPC

Type or print in ink.

Monetary (Contributions Received		nts may be rounded whole dollars.	Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			4 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016			•			umber
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 01/19/2016	Ron Abacherli ID:	IND COM OTH PTY SCC	Retired N.A.	1000.00	100	0.00	
Rept Dt: 04/18/2016	Albert A Webb Associates	IND COM OTH PTY SCC		200.00	20	0.00	
Rcpt Dt: 04/08/2016	Albert Womble Investments ID:	IND COM OTH PTY SCC		100.00	10	0.00	
Rept Dt: 05/03/2016	Sam Alhadeff ID:	IND COM OTH PTY SCC	Attorney Lewis Brisbois Bisgaard & Smith LLP	300.00	90	0.00	
Rcpt Dt: 04/18/2016	Sam Alhadeff ID:		Attorney Lewis Brisbois Bisgaard & Smith LLP	300.00	90	0.00	
			SUBTOTAL	\$			
Schedule A 1. Amount reco (Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$	50000.00	IND		idual ipient Committee
2. Amount rec	eived this period - unitemized contributions of less th	nan \$100	\$	297.00		H- Othe	
Total monet (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1.) TOTAL \$	50297.00			cal Party Il Contributor Committee

Type or print in ink.

Monetary	Monetary Contributions Received		Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460	
NAME OF FILER	NS ON REVERSE			through			5 / 29
	Menifee Mayor 2016	_				1.D. Nu 1378	
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 03/21/2016	Sam Alhadeff	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Lewis Brisbois Bisgaard & Smith LLP	150.00	900	0.00	
Rcpt Dt: 02/15/2016	Sam Alhadeff ID:	X IND COM OTH PTY SCC	Attorney Lewis Brisbois Bisgaard & Smith LLP	150.00	900	0.00	
Rcpt Dt: 03/28/2016	All Star Self Storage Inc. ID:	IND COM OTH PTY SCC		500.00	500	0.00	
Rcpt Dt: 04/06/2016	Daphne Barak	X IND □ COM □ OTH □ PTY □ SCC	Producer DB Exclusives	1000.00	1000	0.00	
Rcpt Dt: 04/18/2016	Brookfield Land Services LLC - 10035	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	1000	0.00	
			SUBTOTAL	\$	ASSET IN		
(Include all 2. Amount rec	eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less the				COI		dual pient Committee er than PTY or SCC)
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$		SCO	C- Small	Contributor Committee

Type or print in ink.

Monetary (lonetary Contributions Received		Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460 FORM	
SEE INSTRUCTION	IS ON REVERSE			through			6 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016					I.D. Nu	ımber
						1378	951
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 06/20/2016	BUILDING INDUSTRY ASSOCIATION OF SOUTHERN ID: 741733	IND OMINORALIA OTH PTY SCC	PAC	200.00	20	0.00	
Rcpt Dt: 06/20/2016	CALIFORNIA REAL ESTATE POLITICAL ACTION CO	□ IND MMMTESNCR □ OTH □ PTY □ SCC	EPAC)	1000.00	100	0.00	
Rcpt Dt: 04/06/2016	Vicki Carpenter ID:	X IND COM OTH PTY SCC	Realtor Coldwell Banker	100.00	10	0.00	
Rcpt Dt: 04/11/2016	Linda Coalson	IND COM OTH PTY SCC	Administrative Assistant Menifee Auto Care Inc.	600.00	60	0.00	
Rcpt Dt: 03/28/2016	CR&R Incorporated ID:	☐ IND ☐ COM ※ OTH ☐ PTY ☐ SCC		250.00	25	0.00	
			SUBTOTAL S	\$	and the sky		
(Include all all all all all all all all all al	eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less the				CO		dual pient Committee er than PTY or SCC)
3. Total monet (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1.)TOTAL \$		sc	C- Small	Contributor Committee

Monetary	Contributions Received		nts may be rounded whole dollars.	Statement covers period		CALIFORNIA A CO	
				from		F	FORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through			7 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016					I.D. No	umber
						1378	951
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 06/20/2016	CV Communities LLC. ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	0.00	
Rcpt Dt: 03/28/2016	Committee to Elect John Denver ID: 1305241	IND COM OTH PTY SCC		200.00	20	0.00	
Rcpt Dt: 04/11/2016	Priscilla Diaz	X IND COM OTH PTY SCC	Adminstrative Assistant Bat Enterprises Inc.	600.00	60	0.00	
Rcpt Dt: 04/11/2016	James Ferrise ID:	IND COM OTH PTY SCC	Controller Parkwest Construction	600.00	60	0.00	4
Rcpt Dt: 04/11/2016	Richard Fitzsimons	X IND COM OTH PTY SCC	General Manager Chino Calley Auto Care	600.00	60	0.00	
			SUBTOTAL	\$			
(Include all 2. Amount recommend 3. Total monet	eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less that contributions received this period.	ıan \$100	\$		OT PT	oth) H- Other Y - Politic	idual ipient Committee er than PTY or SCC)
(Add Lines	1 and 2. Enter here and on the Summary Page, Colo	umn A, Line 1	.)TOTAL \$				

Monetary	Contributions Received		nts may be rounded o whole dollars.	Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			8 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016					I.D. N 1378	umber 3951
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 05/03/2016	Fleming Family LTD Partnership ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	25	0.00	
Rcpt Dt: 04/06/2016	Global Investments & Development LLC	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	25	0.00	
Rcpt Dt: 01/19/2016	Donald Hook	IND COM OTH PTY SCC	Retired N.A.	100.00	10	0.00	
Rcpt Dt: 04/06/2016	Jonathan Ingram ID:	IND COM OTH PTY SCC	Property management Avalon Management Group	250.00	25	0.00	
Rcpt Dt: 04/18/2016	International Auto Crafters II ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	50	0.00	
			SUBTOTAL	\$		*	一个数据规则
(Include all 2. Amount rec	eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less th				INI CC OT	oth) H- Othe	ridual cipient Committee ner than PTY or SCC) r
Total monet (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$				cal Party Il Contributor Committee

Type or print in ink.
Amounts may be rounded

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monotary	Contributions Neceived	to	o whole dollars.	from	————	CALI FO	ORM 460
SEE INSTRUCTION	NS ON REVERSE			through			9 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016					I.D. Number 1378951	
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 04/06/2016	K & A Engineering Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	25	0.00	
Rcpt Dt: 03/28/2016	LCL Rental Property Management ID:	IND COM OTH PTY SCC		350.00	35	0.00	
Rcpt Dt: 05/26/2016	Eric Madrid	X IND COM OTH PTY SCC	Doctor Rancho Family Medical Group	150.00	15	0.00	
Rcpt Dt: 04/18/2016	Markham Development Management Group Inc. ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		100.00	10	0.00	
Rcpt Dt: 04/06/2016	Matthew Fagan Consulting Services	IND COM OTH PTY SCC		100.00	10	0.00	
			SUBTOTAL	\$			
(Include all 2. Amount rece	eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less t				INI CC OT	oth) H- Other	idual ipient Committee er than PTY or SCC)
Total monet (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1	.)TOTAL \$		SC	Y - Politic C- Small	cal Party Contributor Committee

Monetary	Contributions Received	Amou	nts may be rounded whole dollars.	Statement cov	ers period	CAL	SCHEDULE A
			whole donard.	from			IFORNIA 460
SEE INSTRUCTION	NS ON REVERSE			through		2000-00-00-00-00-00-00-00-00-00-00-00-00	10 / 29
	Menifee Mayor 2016					I.D. N	lumber
		T-		Γ		137	3951
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 04/08/2016	Menifee Lakes Plaza LLC	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	50	0.00	
Rept Dt: 03/28/2016	Menifee TIC Management ID:	IND COM OTH PTY SCC		250.00	25	0.00	
Rcpt Dt: 05/26/2016	Optimus Building Corporation ID:	IND COM OTH PTY SCC		5000.00	500	0.00	
Rept Dt: 04/06/2016	Pacific Coast Land Consultants Inc. DBA HJK Consultants Inc.	IND tants COM OTH PTY SCC		600.00	60	0.00	
Rcpt Dt: 04/27/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
			SUBTOTAL	\$			
Schedule A					*C	ntributo	r Codes
1. Amount rece (Include all	eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$		IND	O - Indiv OM - Rec	ridual cipient Committee
2. Amount rece	eived this period - unitemized contributions of less th	nan \$100	\$			H- Othe	
3. Total monet (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colı	umn A, Line 1.	.)TOTAL \$		PT SC	Y - Politi C- Sma	cal Party Il Contributor Committee

Type or print in ink.
Amounts may be rounded

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Monetary Contributions Received			its may be rounded whole dollars.	Statement covers period		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			11 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016				I.D. Number		
						1378	3951
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 04/27/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	14500.00		
Rcpt Dt: 04/27/2016	Pacific Communities Builder Inc. ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	14500.00		
Rcpt Dt: 04/27/2016	Pacific Communities Builder Inc. ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
Rcpt Dt: 04/27/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
Rcpt Dt: 04/27/2016	Pacific Communities Builder Inc. ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
			SUBTOTAL	\$			
Amount rece (Include all Amount rece	eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less trary contributions received this period.				OT PT	oth) H- Othe Y - Politi	ridual cipient Committee ner than PTY or SCC) r cal Party
(Add Lines	1 and 2. Enter here and on the Summary Page, Co	umn A, Line 1.)TOTAL \$		[50	o- smai	ll Contributor Committee

SC	711		^
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Monetary Contributions Received		Amou	nts may be rounded whole dollars.	Statement covers period from		CALIFORNIA 460 FORM	
SEE INSTRUCTION	NS ON REVERSE			through			12 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016					I.D. N 1378	
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
Ropt Dt: 04/27/2016	Pacific Communities Builder Inc. ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	,	500.00	14500.00		
Rcpt Dt: 04/27/2016	Pacific Communities Builder Inc. ID:	IND COM OTH PTY SCC		500.00	14500.00		
Rcpt Dt: 04/27/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
	*** TYPE: Intermediary *** MV HOMES LLC ID:	IND COM OTH PTY SCC					
			SUBTOTAL	\$			
Amount rec (Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less				CC		idual ipient Committee ier than PTY or SCC)
3. Total monet	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C				PT	Y - Politi	cal Party I Contributor Committee

Type or print in ink.
Amounts may be rounded

Monetary Contributions Received		whole dollars.	Statement covers period from		CALIFORNIA 460	
NS ON REVERSE			through			13 / 29
Menifee Mayor 2016				I.D. Number		umber
					1378951	
FULL NAME, MAILING 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 THIS PERIOD	CALENDAR YI	EAR	PER ELECTION TO DATE (IF REQUIRED)
Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
*** TYPE: Intermediary *** RVONE HOMES LLC ID:	IND COM OTH PTY SCC					
Pacific Communities Builder Inc.	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	14500.00		
*** TYPE: Intermediary *** MEF HOMES LLC ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
		SUBTOTAL	\$			
eived this period - unitemized contributions of less	than \$100	\$		OT PT	D - Indiv DM - Rec (oth TH- Othe Y - Politi	ridual cipient Committee ner than PTY or SCC) r
	Menifee Mayor 2016 FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Pacific Communities Builder Inc. ID: ***TYPE: Intermediary *** RVONE HOMES LLC ID: Pacific Communities Builder Inc. ID: ***TYPE: Intermediary *** MEF HOMES LLC ID: Pacific Communities Builder Inc. ID: ***TYPE: Intermediary *** MEF HOMES LLC ID: Pacific Communities Builder Inc. Elb: Summary eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less ary contributions received this period.	Menifee Mayor 2016 FULL NAME, MAILING ADDRESS CONTRIBUTOR CODE * CO	Menifee Mayor 2016 FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Menifee Mayor 2016 FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR AND ZIP CODE OF CONTRIBUTOR CODE ** FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE ** AND ZIP CODE OF CONTRIBUTOR CODE ** COME OF COMMITTEE ALSO ENTER I.D. NUMBER)	Menifee Mayor 2016 FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (UP COMMITTEE, ALSO ENTER LD. NUMBER) IF AN INDIMIDUAL, ENTER COCCUPATION AND EMPLOYER (UP COMMITTEE, ALSO ENTER LD. NUMBER) IND COM CONTRIBUTOR (UP COMMITTEE, ALSO ENTER LD. NUMBER) IND COM COMMITTEE, ALSO ENTER LD. NUMBER COLOR COL	Menifee Mayor 2016 FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, AND ZIP CODE OF CONTRIBUTOR (IF SELF-BIRD CODE, SETTER NAME) Pacific Communities Builder Inc.

Monetary Contributions Received		Amour	nts may be rounded whole dollars.	Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			14 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016					I.D. N	umber
	I					1378	3951
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
	*** TYPE: Intermediary *** Torrance Homes LLC ID:	IND COM OTH PTY SCC					
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	14500.00		
	*** TYPE: Intermediary *** AVTHREE HOMES LLC ID:	IND COM OTH PTY SCC					
Rcpt Dt: 04/27/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
	*** TYPE: Intermediary *** CHT Investment LLC ID:	IND COM OTH PTY SCC					
			SUBTOTAL	\$			美国的大学大学
I. Amount rece (Include all	eived this period - contributions of \$100 or more. Schedule A subtotals.)				CC	(oth	idual ipient Committee ier than PTY or SCC)
3. Total monet	eived this period - unitemized contributions of less t ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co				PT		r cal Party I Contributor Committee

Type or print in ink.
Amounts may be rounded

Monetary Contributions Received		to whole dollars.		Statement covers period		CALIFORNIA 460	
SEE INSTRUCTION	IS ON REVERSE			through			15 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016					I.D. N	umber
	,	T .				1378	3951
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
	*** TYPE: Intermediary *** AVTWO HOMES LLC ID:	IND COM OTH PTY SCC	-				
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	14500.00		
	*** TYPE: Intermediary *** AVONE HOMES LLC	IND COM OTH PTY SCC					
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	e e	500.00	1450	0.00	
			SUBTOTAL	\$			
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) \$					*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH- Other PTY - Political Party SCC- Small Contributor Committee		
(Add Lines	1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1.)TOTAL \$		L		A CONTRACTOR OF THE STATE OF TH

S	CH	IFF	11 11	F	Δ

Monetary	Ionetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			16 / 29	
NAME OF FILER Scott Mann for	Menifee Mayor 2016					I.D. N 1378		
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)	
	*** TYPE: Intermediary *** CTHT HOMES LLC	IND COM OTH PTY SCC						
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	IND COM OTH PTY SCC		500.00	1450	0.00		
	*** TYPE: Intermediary *** Desert-Candle LP	IND COM OTH PTY SCC						
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	IND COM OTH PTY SCC		500.00	1450	0.00		
	*** TYPE: Intermediary *** Victory Homes LLC ID:	IND COM OTH PTY SCC						
			SUBTOTAL	\$				
I. Amount rece (Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)				INI CC OT	oth) H- Othe	idual ipient Committee er than PTY or SCC) r	
3. Total monet (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1.)TOTAL \$		PT SC	Y - Politi C- Smal	cal Party I Contributor Committee	

Type or print in ink.
Amounts may be rounded

Monetary Contributions Received		to whole dollars.		Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTION	IS ON REVERSE			through			17 / 29	
NAME OF FILER	Menifee Mayor 2016				1		I.D. Number	
Scott Marin 101	Werliee Wayor 2016					1378	3951	
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rept Dt: 02/13/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00		
	*** TYPE: Intermediary *** Pacific Housing LLC ID:	IND COM OTH PTY SCC						
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	IND COM OTH PTY SCC		500.00	14500.00			
	*** TYPE: Intermediary *** Vista Equity LP ID:	IND COM OTH PTY SCC						
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00		
			SUBTOTAL	\$		71		
*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) Amount received this period - unitemized contributions of less than \$100 \$ Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) *Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH- Other PTY - Political Party SCC - Small Contributor Committee SCC - Small Contributor Committee (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)						idual ipient Committee er than PTY or SCC) r cal Party		

Type or print in ink.
Amounts may be rounded

Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period		CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through			18 / 29	
NAME OF FILER Scott Mann for	Menifee Mayor 2016				I.D. Number			
						1378	3951	
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
	*** TYPE: Intermediary *** Sunrise Equity LP ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc. ID:	IND COM OTH PTY SCC		500.00	14500.00			
	*** TYPE: Intermediary *** Gallery Equity LP ID:	IND COM OTH PTY SCC						
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	IND COM OTH PTY SCC		500.00	1450	0.00		
	*** TYPE: Intermediary *** Falcon Equity LP TD:	IND COM OTH PTY SCC						
			SUBTOTAL	\$				
Amount rec (Include all Amount rec	A Summary every derived this period - contributions of \$100 or more. Schedule A subtotals.) serived this period - unitemized contributions of less to tary contributions received this period.				OT PT	oth) H- Othe Y - Politi	ridual cipient Committee ner than PTY or SCC) r cal Party	
(Add Lines	1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1.	.) TOTAL \$		30	o- Silial	l Contributor Committee	

Monetary	Monetary Contributions Received		nts may be rounded whole dollars.	Statement covers period		CALIFORNIA 460	
				Trom			ORIVI
SEE INSTRUCTION	NS ON REVERSE			through			19 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016			•		I.D. N	umber
	,					1378	3951
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc. ID:	□ IND □ COM □ OTH □ PTY □ SCC		500.00	1450	0.00	
	*** TYPE: Intermediary *** Pinehurst LLC ID:	IND COM OTH PTY SCC					
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	IND COM OTH PTY SCC		500.00	1450	0.00	
	*** TYPE: Intermediary *** Cal-Equity LP	IND COM OTH PTY SCC					
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
			SUBTOTAL	\$			
(Include all	Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)				CO		ridual sipient Committee ner than PTY or SCC)
3. Total monet	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colo				PT	Y - Politi	r cal Party Il Contributor Committee

Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			20 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016					I.D. N	umber
				1378951			3951
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
	*** TYPE: Intermediary *** Brookpine Equity LP ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
Rcpt Dt: 02/13/2016	Pacific Communities Builder Inc. ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	1450	0.00	
	*** TYPE: Intermediary *** PACHOME LLC ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC					
Rcpt Dt: 04/11/2016	Pacten Partners LLC	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	0.00	
Rcpt Dt: 04/11/2016	Peter Dalkos DBA Alpha Construction ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		600.00	60	0.00	
			SUBTOTAL	\$			
(Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)				CC		idual ipient Committee er than PTY or SCC)
3. Total monet	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, C				PT	Y - Politic	cal Party I Contributor Committee

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		 - 4

Monetary	Contributions Received		nts may be rounded whole dollars.	Statement covers period		CALIFORNIA 460	
				from		F	ORM TOU
SEE INSTRUCTION	NS ON REVERSE			through			21 / 29
NAME OF FILER Scott Mann for	Menifee Mayor 2016					I.D. N	lumber
						137	8951
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 05/03/2016	Riverside Sheriffs' Association Public Education Fund ID: 1286381	IND COM OTH PTY SCC		10000.00	1000	0.00	
Rcpt Dt: 03/28/2016	Robertson's	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	25	0.00	
Rcpt Dt: 04/11/2016	Omar Roman	IND COM OTH PTY SCC	General Manager Archibald's	600.00	60	0.00	
Rcpt Dt: 02/15/2016	Martin Rosen	IND COM OTH PTY SCC	Retired N.A.	200.00	20	0.00	
Rcpt Dt: 04/08/2016	Erica Saltzman	X IND COM OTH PTY SCC	Attorney Saltzman Law	250.00	25	0.00	
			SUBTOTAL	\$			
(Include all 2. Amount rece	eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less th				INI CC OT	otl) H- Othe	vidual cipient Committee ner than PTY or SCC)
Total monet (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colu	ımn A, Line 1	.)TOTAL \$				ical Party Il Contributor Committee

Type or print in ink.

Monetary	Contributions Received		nts may be rounded o whole dollars.	Statement covers period		CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through			22 / 29	
NAME OF FILER Scott Mann for	Menifee Mayor 2016						lumber 3951	
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 04/06/2016	John Saunders	X IND COM OTH PTY SCC	Real Estate Investor Saunders Property Company	2400.00	240	0.00		
Rcpt Dt: 04/11/2016	Andy Sehremelis	X IND COM OTH PTY SCC	Business owner Parkwest Construction	600.00	60	0.00		
Rcpt Dt: 04/06/2016	T & B Planning Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		100.00	10	0.00		
Rcpt Dt: 01/19/2016	Van Daele Development Corp	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	50	0.00		
	*** TYPE: Intermediary *** Cimarron Ridge LLC.	IND COM OTH PTY SCC						
			SUBTOTAL	\$				
(Include all 2. Amount rec	eived this period - contributions of \$100 or more. Schedule A subtotals.)eived this period - unitemized contributions of less t				INE CO OT	O - Indiv OM - Red Oth Othe	cipient Committee ner than PTY or SCC)	
(Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	lumn A, Line 1.	.)TOTAL \$				Il Contributor Committee	

Type or print in ink.

SCHEDITE

Monetary	Contributions Received		nts may be rounded o whole dollars.	Statement cov	ers period	CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE			through			23 / 29	
Scott Mann for	Menifee Mayor 2016						lumber 8951	
DATE RECEIVED	FULL NAME, MAILING 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 THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 04/06/2016	Waste Management & Affiliated Entities	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	50	0.00		

	SUBTOTAL \$	50000.00	
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$		*Contributor Codes IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized contributions of less than \$100	\$		(other than PTY or SCC) OTH- Other
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$		PTY - Political Party SCC - Small Contributor Committee

Schedule C Type or print in ink. Amounts may be rounded SCHEDULE C **Nonmonetary Contributions Received** Statement covers period to whole dollars. **CALIFORNIA FORM** through. 24/29 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Scott Mann for Menifee Mayor 2016 1378951 **CUMULATIVE TO** IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND CONTRIBUTOR PER ELECTION DATE **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR CODE * RECEIVED **GOODS OR SERVICES** TO DATE CALENDAR YEAR (IF SELF-EMPLOYED, ENTER VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) Rcpt Dt: 03/31/2016 ☐ IND Hors D'oeuvres and beverages for fundra-iser on 3/31/16 Metz & A LLC 2169.10 2169.10 Сом ОТН

☐ PTY☐ SCC

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	2169.10	The state of the s
Schedule C Summary			
Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	\$ <u></u>	2169.10	*Contributor Codes
2. Amount received this period - unitemized nonmonetary contributions of less than \$100		0.00	COM- Recipient Committee - (other than PTY or SCC)
 Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) 	TOTAL \$	2169.10	OTH - Other PTY - Political Party SCC - Small Contributor Committee

Schedule D Summary of Expenditures

			S	CHE	EDL	JLE	D
		 					П

Supportin	ng/Opposing Other es, Measures and Committees	Amounts may be to whole do	e rounded	Statement co	vers period	CALIFORNIA 460	
SEE INSTRUCTION	ONS ON REVERSE			through			25 / 29
100 100 100 Tel - 1 11 - 1 1	r Menifee Mayor 2016						UMBER 8951
DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMMULATIVE TO DATE CALENDAR YEAR JAN.1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
06/14/2016	Lincoln Club of Riverside County District No: Support □ Oppose	Monetary Contribution Non-Monetary Contribution Independent Expenditure		500.00		500.00	

SUBTOTAL \$	500.00	The second secon

Schedule D Summary

1.	. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)\$.	500.00
2.	. Unitemized contributions and independent expenditures made this period of under \$100\$.	0.00
3.	. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page)	500.00

Payments Made

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from	FORM 40U
through	26 / 29
	I.D. NUMBER

Schedule E Type or print in ink. Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Scott Mann for Menifee Mayor 2016 1378951 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. CMP MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* office expenses campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals TRS independent expenditure supporting/opposing others (explain)* IND postage, delivery and messenger services transfer between committees of the same candidate/sponso TSF LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ade

 campaign illerature and mailings	PRT print ads					
 NAME AND ADDRESS OF I	PAYEE OR CREDITOR TER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID		
City of Murrieta	ID:	CVC	Veterans Memorial Dinner Sponsorship	500.00		
Lincoln Club of Riverside County	ID: 890418	СТВ		500.00		
Teaman Ramirez & Smith Inc.	ID:	PRO	Nov 2015 - Jan 2016 campaign reporting services	284.26		

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	2424.05
2. Unitemized payments made this period of under \$100.	50.00
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 lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	2474.05

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period	CALIFORNIA 460
from	FORM 40U
through	27 / 29
	I.D. NUMBER

1378951

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Scott Mann for Menifee Mayor 2016

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

campaign consultants contribution (explain nonmonetary)*	MTG OFC PET PHO POL POS PRO	member com meetings and office expension petition circular phone banks polling and sepostage, deli- professional print ads	d appearar ses lating urvey rese very and n	nces	RFD SAL TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and meals staff/spouse travel, lodging, and meatransfer between committees of the system registration information technology costs (internet	als same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION OF		AMOUNT PAID

NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.D		CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Teaman Ramirez & Smith Inc.	ID:	PRO	February campagin reporting services	425.70
Teaman Ramirez & Smith Inc.	ID:	PRO	March campaign reporting services	182.14
Teaman Ramirez & Smith Inc.	ID:	PRO	April campaign reporting services	275.60

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2.	Unitemized payments made this period of under \$100.
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA FORM
SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through	28 / 29
Scott Mann for Menifee Mayor 2016			I.D. NUMBER
•			1378951
CODES: If one of the following codes accurately des	scribes the payment, you may enter the code. Other	erwise, describe the payment.	
CMP campaign paraphernalia/misc	MPD momber communications	5.15	The state of the s

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	MTG OFC PET PHO POL POS PRO	polling and s postage, del	d appeara ses ilating s survey rese ivery and r	nces	TEL TRC TRS TSF VOT	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and meals staff/spouse travel, lodging, and meatransfer between committees of the voter registration information technology costs (internet	als same candidate/sponsc
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CODE	OR	DESCRIPTION OF	PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE OR CREDITOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Teaman Ramirez & Smith Inc.

ID:

DESCRIPTION OF PAYMENT

AMOUNT PAID

AMOUNT PAID

PRO
May campaign reporting services

256.35

* Payments that are contributions or independent expenditures must also be summarized o	n Schedule D.	SUBTOTAL \$	2424.05
Schedule E Summary			
1. Payments made this period of \$100 or more. (Include all Schedule E subtota	als.)	\$	
2. Unitemized payments made this period of under \$100.		\$	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Par	t 1, Column (e).)	\$	
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on	the Summary Page, Column A, Line 6.)	TOTAL \$	

SCHEDULE E

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE I Statement covers period

CALIFORNIA 460 from _

SEE INSTRUCTIONS ON REVERSE 29 / 29 through _ NAME OF FILER

I.D. NUMBER

Scott Mann for Menifee Mayor 2016

-			1378951
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	ID:		

Attach additional information on appropriately labeled continuation sheets.	SUBTOTAL \$	0.00
Schedule I Summary		
1. Increases to cash of \$100 or more this period	\$	
2. Unitemized increases to cash under \$100 this period.		
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)		
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)		