

**Recipient Committee
Campaign Statement
Cover Page**

City of Menifee
City Clerk

COVER PAGE

CALIFORNIA
FORM **460**

OCT 25 2016

Received

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For Official Use Only

Statement covers period from <u>09/25/2016</u> through <u>10/22/2016</u>	Date of Election if applicable <u>11/08/2016</u> (Month, Day, Year)
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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 1378951

COMMITTEE NAME
Scott Mann for Menifee Mayor 2016

Treasurer(s)

NAME OF TREASURER
Richard Teaman

STREET ADDRESS (NO PO BOX)

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 10/25/16

Executed on 10/25/16

Executed on _____

Executed on _____

By _____

By _____

By _____

By _____

Richard Teaman
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

Statement covers period
from 09/25/2016
through 10/22/2016

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Scott Mann

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Mayor City of Menifee

RESIDENTIAL/BUSINESS ADDRESS / NO. AND STREET / CITY / STATE / ZIP
[REDACTED]

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 Scott Mann for Menifee Mayor 2014	I.D. NUMBER 1355687
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NAME OF TREASURER	CONTROLLED COMMITTEE ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE STREET ADDRESS (NO P.O. BOX)
[REDACTED]

CITY / STATE / ZIP CODE / AREA CODE/PHONE
[REDACTED]

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE ? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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
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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
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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
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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
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period		CALIFORNIA FORM 460
from	09/25/2016	
through	10/22/2016	
		Page 3 of 9

NAME OF FILER Scott Mann for Menifee Mayor 2016

I.D. NUMBER
1378951

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 25,680.00	\$ 121,127.00
2. Loans Received Schedule B, Line 3	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$ 25,680.00	\$ 121,127.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	2,169.10
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 25,680.00	\$ 123,296.10

**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	\$ _____	\$ _____

Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 23,561.03	\$ 34,667.33
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 23,561.03	\$ 34,667.33
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	2,169.10
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 23,561.03	\$ 36,836.43

**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.

Current Cash Statement	
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 85,787.30
13. Cash Receipts Column A, Line 3 above	25,680.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	11.44
15. Cash Payments Column A, Line 8 above	23,561.03
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 87,917.71
17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 0.00

**Schedule A
Monetary Contributions Received**

Statement covers period		CALIFORNIA FORM 460
from	09/25/2016	
through	10/22/2016	Page 4 of 9

NAME OF FILER Scott Mann for Menifee Mayor 2016

I.D. NUMBER
1378951

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)
10/12/2016	BUILDING INDUSTRY ASSOCIATION OF SOUTHERN CALIFORNIA PAC [REDACTED]	COM	ID No. 741733	2,000.00	2,200.00	
10/01/2016	Mamco Inc dba Alabbasi [REDACTED]	OTH		1,000.00	1,000.00	
10/08/2016	Palomar Partners L.P. [REDACTED]	OTH		4,000.00	4,000.00	
09/28/2016	Sagemont Hotels Inc. [REDACTED]	OTH		5,000.00	5,000.00	

SUBTOTAL \$ 12,000.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 25,680.00
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 \$ 25,680.00

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




**Schedule A (Continuation Sheet)
Monetary Contributions Received**

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	09/25/2016	
through	10/22/2016	Page 5 of 9

NAME OF FILER Scott Mann for Menifee Mayor 2016

I.D. NUMBER
1378951

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)
10/03/2016	John Saunders 	IND	Real Estate Investor Saunders Property Company	10,180.00	15,080.00	
10/07/2016	Waste Management & Affiliated Entities 	OTH		1,000.00	1,500.00	
10/03/2016	Gordon Youde 	IND	Housing Provider Stonegate Development	2,500.00	2,500.00	

SUBTOTAL \$ 13,680.00

** 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**

Statement covers period		CALIFORNIA FORM 460
from	09/25/2016	
through	10/22/2016	Page 6 of 9
NAME OF FILER Scott Mann for Menifee Mayor 2016		I.D. NUMBER 1378951

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
Lacee Beaulieu & Associates [REDACTED]	CNS	5,000.00
Political Data Inc. [REDACTED]	LIT	589.83
Premier Media Group D.B.A. Menifee 247.com [REDACTED]	PRT	226.64
SUBTOTAL \$		5,816.47

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 23,528.36
2. Unitemized payments made this period of under \$100	\$ 32.67
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 \$ 23,561.03

Schedule E (Continuation Sheet)
Payments Made

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	09/25/2016	
through	10/22/2016	Page 7 of 9
NAME OF FILER Scott Mann for Menifee Mayor 2016		I.D. NUMBER 1378951

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
Teaman Ramirez & Smith Inc. [REDACTED]	PRO	1,037.91
TMC Direct [REDACTED]	POS	7,485.98
TMC Direct [REDACTED]	LIT	6,638.00
YESplace [REDACTED]	RAD	50.00
YESplace [REDACTED]	CVC	500.00


SUBTOTAL \$ 15,711.89

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

Statement covers period		CALIFORNIA FORM 460
from	09/25/2016	
through	10/22/2016	Page 8 of 9
NAME OF FILER Scott Mann for Menifee Mayor 2016		I.D. NUMBER 1378951

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
YESplace 	CVC	2,000.00

SUBTOTAL \$ 2,000.00

**Schedule I
Miscellaneous Increases to Cash**

SCHEDULE I

Statement covers period from 09/25/2016 through 10/22/2016	CALIFORNIA FORM 460
	Page 9 of 9
I.D. NUMBER 1378951	

NAME OF FILER Scott Mann for Menifee Mayor 2016

DATE RECEIVED	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period	\$	0.00
2. Unitemized payments made this period of under \$100	\$	11.44
3. Total interest received this period on loans made to others. (Schedule H, Column (e).)	\$	0.00
4. Total miscellaneous increases to cash this period. Total to Summary Page, Line 14	TOTAL \$	11.44