AT/AN 2014

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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TN

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Mann	Scott	A

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Menifee

Division, Board, Department, District, if applicable: City Council

Your Position: Mayor

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of Menifee
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☑ **Annual:** The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is ___/___/_____, through December 31, 2014.

☐ **Assuming Office:** Date assumed ___/___/_____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*

○ The period covered is January 1, 2014, through the date of leaving office.

○ The period covered is ___/___/_____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 4

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☑ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☑ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5 [redacted]

I certify under penalty of perjury under the laws of the State of Ca[redacted]

Date Signed 5/6/15
(month, day, year)

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
MANN, SCOTT ALAN

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
MORENO VALLEY UNIFIED SCHOOL DISTRICT

ADDRESS *(Business Address Acceptable)*
25634 ALESSANDRO BLVD, MORENO VALLEY

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL EDUCATION AGENCY

YOUR BUSINESS POSITION
DIRECTOR, RISK MANAGEMENT

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☑ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☑ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
  _____ *(Describe)*
- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
UNITED STATES NAVY - RETIRED

ADDRESS *(Business Address Acceptable)*
DFAS CLEVELAND, OHIO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DEPARTMENT OF DEFENSE

YOUR BUSINESS POSITION
RETIRED FROM ACTIVE DUTY

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
  _____ *(Describe)*
- ☑ Other RETIREMENT STIPEND *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
_____

ADDRESS *(Business Address Acceptable)*
_____

BUSINESS ACTIVITY, IF ANY, OF LENDER
_____

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
  _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
MANN, SCOTT ALAN

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
MANN CONSULTING

ADDRESS *(Business Address Acceptable)*
29084 COBALT CIRCLE, MENIFEE, CA 92584

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS SERVICES CONSULTING

YOUR BUSINESS POSITION
OWNER

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☑ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
  _____ *(Describe)*
- ☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
RANCHO ENDODONCTIC ASSOCIATES INC.

ADDRESS *(Business Address Acceptable)*
25460 MEDICAL CENTER DR, MURRIETA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SPECIALIZED DENTISTRY / DENTAL SURGERY

YOUR BUSINESS POSITION
OFFICE MANAGER / RDA

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☑ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
  _____ *(Describe)*
- ☐ Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
_____

ADDRESS *(Business Address Acceptable)*
_____

BUSINESS ACTIVITY, IF ANY, OF LENDER
_____

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
  _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
MANN, SCOTT ALAN

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
WASTE MANAGEMENT
ADDRESS *(Business Address Acceptable)*
17700 INDIAN ST, MORENO VALLEY, CA 92551
BUSINESS ACTIVITY, IF ANY, OF SOURCE
WASTE MANAGEMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/26/14	$150.00	VIP TICKETS FOR
/ /	$	WRCOG DINNER
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
KEENAN & ASSOCIATES
ADDRESS *(Business Address Acceptable)*
4204 RIVERWALK PKWY, RIVERSIDE, CA 92505
BUSINESS ACTIVITY, IF ANY, OF SOURCE
INSURANCE BROKERAGE & CONSULTING FIRM

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/17/14	$135.00	CLIENT DINNER AT
/ /	$	ANNUAL CAJPA
/ /	$	CONFERENCE

► NAME OF SOURCE *(Not an Acronym)*
ALESHIRE & WYNDER, LLP
ADDRESS *(Business Address Acceptable)*
1881 VON KARMAN AVE #1700, IRVINE, CA 92612
BUSINESS ACTIVITY, IF ANY, OF SOURCE
MUNICIPAL SERVICES LAW FIRM

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/04/14	$122.45	CLIENT DINNER,
/ /	$	LEAGUE OF CITIES
/ /	$	CONFERENCE

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
PUBLIC AGENCY RISK SHARING AUTHORITY
ADDRESS *(Business Address Acceptable)*
1525 RESPONSE RD, SACRAMENTO, CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE
INSURANCE JOINT POWERS AUTHORITY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/18/14	$102.00	LAKE TAHOE QUEEN
/ /	$	DINNER CRUISE AT
/ /	$	ANNUAL CONF

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

City of Menifee
City Clerk
Date Initial Filing Received
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
MANN	SCOTT	ALAN

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
CITY OF MENIFEE

Division, Board, Department, District, if applicable: CITY COUNCIL

Your Position: MAYOR

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

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2. Jurisdiction of Office *(Check at least one box)*

- ☐ State
- ☐ Multi-County _____
- ☑ City of MENIFEE
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

☐ **Annual:** The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is ___/___/_____, through December 31, 2014.

☑ **Assuming Office:** Date assumed 12 / 03 / 2014

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*
- ○ The period covered is January 1, 2014, through the date of leaving office.
- ○ The period covered is ___/___/_____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 4

- ☐ **Schedule A-1** - *Investments* – schedule attached
- ☐ **Schedule A-2** - *Investments* – schedule attached
- ☐ **Schedule B** - *Real Property* – schedule attached
- ☑ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
- ☑ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

I certify under penalty of perjury under the laws of the State of

Date Signed 12/30/2014
(month, day, year)

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
MANN, SCOTT ALAN

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
MORENO VALLEY UNIFIED SCHOOL DISTRICT

ADDRESS *(Business Address Acceptable)*
25634 ALESSANDRO BLVD, MORENO VALLEY

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL EDUCATION AGENCY

YOUR BUSINESS POSITION
DIRECTOR, RISK MANAGEMENT

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☑ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☑ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
- _____ *(Describe)*
- ☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
UNITED STATES NAVY - RETIRED

ADDRESS *(Business Address Acceptable)*
DFAS CLEVELAND, OHIO

BUSINESS ACTIVITY, IF ANY, OF SOURCE
DEPARTMENT OF DEFENSE

YOUR BUSINESS POSITION
RETIRED FROM ACTIVE DUTY

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
- _____ *(Describe)*
- ☑ Other RETIREMENT STIPEND *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
_____

ADDRESS *(Business Address Acceptable)*
_____

BUSINESS ACTIVITY, IF ANY, OF LENDER
_____

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
MANN, SCOTT ALAN

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
MANN CONSULTING

ADDRESS *(Business Address Acceptable)*
29084 COBALT CIRCLE, MENIFEE, CA 92584

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS SERVICES CONSULTING

YOUR BUSINESS POSITION
OWNER

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☑ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☑ Salary ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Loan repayment
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
_____ *(Describe)*
☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
RANCHO ENDODONCTIC ASSOCIATES INC.

ADDRESS *(Business Address Acceptable)*
25460 MEDICAL CENTER DR, MURRIETA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SPECIALIZED DENTISTRY / DENTAL SURGERY

YOUR BUSINESS POSITION
OFFICE MANAGER / RDA

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☑ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☑ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
☐ Sale of _____ *(Real property, car, boat, etc.)*
☐ Loan repayment
☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
_____ *(Describe)*
☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
_____

ADDRESS *(Business Address Acceptable)*
_____

BUSINESS ACTIVITY, IF ANY, OF LENDER
_____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property _____ *Street address*
_____ *City*
☐ Guarantor _____
☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
MANN, SCOTT ALAN

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
WASTE MANAGEMENT
ADDRESS *(Business Address Acceptable)*
17700 INDIAN ST, MORENO VALLEY, CA 92551
BUSINESS ACTIVITY, IF ANY, OF SOURCE
WASTE MANAGEMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 26 / 14	$ 150.00	VIP TICKETS FOR
/ /	$	WRCOG DINNER
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
KEENAN & ASSOCIATES
ADDRESS *(Business Address Acceptable)*
4204 RIVERWALK PKWY, RIVERSIDE, CA 92505
BUSINESS ACTIVITY, IF ANY, OF SOURCE
INSURANCE BROKERAGE & CONSULTING FIRM

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 17 / 14	$ 135.00	CLIENT DINNER AT
/ /	$	ANNUAL CAJPA
/ /	$	CONFERENCE

► NAME OF SOURCE *(Not an Acronym)*
ALESHIRE & WYNDER, LLP
ADDRESS *(Business Address Acceptable)*
1881 VON KARMAN AVE #1700, IRVINE, CA 92612
BUSINESS ACTIVITY, IF ANY, OF SOURCE
MUNICIPAL SERVICES LAW FIRM

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 04 / 14	$ 122.45	CLIENT DINNER,
/ /	$	LEAGUE OF CITIES
/ /	$	CONFERENCE

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
PUBLIC AGENCY RISK SHARING AUTHORITY
ADDRESS *(Business Address Acceptable)*
1525 RESPONSE RD, SACRAMENTO, CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE
INSURANCE JOINT POWERS AUTHORITY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 18 / 14	$ 102.00	LAKE TAHOE QUEEN
/ /	$	DINNER CRUISE AT
/ /	$	ANNUAL CONF

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments: