

Recipient Committee Campaign Statement Cover Page

CALIFORNIA
FORM
460

Page 1 of 5
For Official Use Only

Date Stamp
RECEIVED
JUL 31 AM 8:01
WEST COVINA
CITY OF WEST COVINA
CITY CLERK'S OFFICE

Date of election if applicable:
(Month, Day, Year) November 3, 2017

Statement covers period
from JAN - 1 - 2017
through JUNE - 30 - 2017

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall (Also Complete Part 5)
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored (Also Complete Part 6)
 - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Preelection Statement
 - Semi-annual Statement
 - Termination Statement (Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report

Treasurer(s)

NAME OF TREASURER
Lloyd Johnson
MAILING ADDRESS
[REDACTED]
CITY
WEST Covina STATE CA AREA CODE/PHONE [REDACTED]
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Lloyd Johnson for City Council 2016
STREET ADDRESS (NO P.O. BOX)
[REDACTED] CITY STATE ZIP CODE AREA CODE/PHONE
WEST Covina CA [REDACTED]
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

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 and in the attached schedules 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 July 31 - 2017 Date
Executed on July 31 - 2017 Date
Executed on _____ Date
Executed on _____ Date

By _____ Treasurer
By _____ Agent or Responsible Officer of Sponsor
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent
By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Loek Johnson
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
COUNCILMAN, City of West Covina
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] West Covina CA [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 I.D. NUMBER
 NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO
 COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER
 NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO
 COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
 BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent
 OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period

CALIFORNIA FORM 460

from JAN - 1 - 2017
through JUNE - 30 - 2017

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page 3 of 5

I.D. NUMBER

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions.....	Schedule A, Line 3	\$ <u>23.97</u>	\$ <u>0</u>
2. Loans Received.....	Schedule B, Line 3	\$ <u>0</u>	\$ <u>-3000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2	\$ <u>23.97</u>	\$ <u>0</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4	\$ <u>23.97</u>	\$ <u>0</u>

Expenditures Made

6. Payments Made.....	Schedule E, Line 4	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made.....	Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment.....	Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>0</u>

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16	\$ <u>5331.42</u>	\$ <u>0</u>
13. Cash Receipts.....	Column A, Line 3 above	\$ <u>23.97</u>	\$ <u>0</u>
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4	\$ <u>0</u>	\$ <u>0</u>
15. Cash Payments.....	Column A, Line 8 above	\$ <u>5365.39</u>	\$ <u>0</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>	\$ <u>0</u>

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

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ <u>0</u>	\$ <u>0</u>
-----------------------------------	--------------------	-------------	-------------

Cash Equivalents and Outstanding Debts

18. Cash Equivalents.....	See instructions on reverse	\$ <u>0</u>	\$ <u>0</u>
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ <u>19,110.94</u>	\$ <u>0</u>

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received.....	\$ _____	1/1 through 6/30	7/1 to Date
21. Expenditures Made.....	\$ _____		

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

*Amounts in this section may be different from amounts reported in Column B.

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

Clear Summ Pg

Print Form

Amounts may be rounded to whole dollars.

**Schedule B - Part 1
Loans Received**

SCHEDULE B - PART 1

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Lloyd Johnson for City Council 2010

Statement covers period
from *JAN-1-2017*
through *June-30-2017*

Page *4* of *5*
I.D. NUMBER

LLOYD JOHNSON IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Lloyd Johnson IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	[REDACTED]	<i>Retired</i>	\$19110.94	\$0.00	<input checked="" type="checkbox"/> PAID \$0.00 <input type="checkbox"/> FORGIVEN \$	\$1110.94	0.00% RATE	\$1000.00	
Lloyd Johnson IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	[REDACTED]	<i>Retired</i>	\$100.00	\$0.00	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	N/A	0.00% RATE	\$100.00	
			\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$		% RATE		

SUBTOTALS \$ 0.00 \$ 0.00 \$ 19110.94 \$ 0.00

(Enter (e) on Schedule E, Line 3)

- Schedule B Summary**
- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
 - Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) \$ 0.00
(Include loans paid by a third party that are also itemized on Schedule A.)
 - Net change this period. (Subtract Line 2 from Line 1.) NET \$ 0.00
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** if required.

Clear Sch. B-1

Print Form

