

**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE

Date Stamp	RECEIVED	CALIFORNIA FORM 460
2018 JAN 16 PM 5:03	CITY OF WEST COVINA CITY CLERK'S OFFICE	Page 1 of 4
		For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from July 1, 2017
through Dec 31, 2017

Date of election if applicable:
(Month, Day, Year)
11-3-2020

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 9)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled (Also Complete Part 9)
- 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

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

I.D. NUMBER

Treasurer(s)

NAME OF TREASURER

MAILING ADDRESS

Lloyd Johnson for City Council 2020

Lloyd Johnson

STREET ADDRESS (NO P.O. BOX)

West Covina CA

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 JAN - 10 - 2018

By

Executed on JAN - 16 - 2018

By

Executed on _____

By

Executed on _____

By

Signature of Controlling Officer/Officer of Sponsor

Signature of Controlling Officer/candidate, Candidate, State Measure Proponent

Signature of Controlling Officer/candidate, State Measure Proponent

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Leah 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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
 OPOSE

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

Attach continuation sheets if necessary

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Print Form

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from July 1, 2017
through Dec 31, 2017

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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 \$ <u>23,097</u>	\$ <u>0</u>
2. Loans Received.....	Schedule B, Line 3 \$ <u>0</u>	\$ <u>300.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ <u>23,097</u>	\$ <u>300.00</u>
4. Nonmonetary Contributions.....	Schedule C, Line 3 \$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ <u>23,097</u>	\$ <u>300.00</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	1/1 through 6/30	\$ _____	7/1 to Date	\$ _____

Expenditures Made

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

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
	/ /	\$ _____
	/ /	\$ _____

Current Cash Statement

	Previous Summary Page, Line 16	Column A, Line 3 above	Column A, Line 4 above	Column A, Line 8 above
12. Beginning Cash Balance.....	\$ <u>5,331.42</u>	\$ <u>23,097</u>	\$ <u>0</u>	\$ <u>0</u>
13. Cash Receipts.....		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
14. Miscellaneous Increases to Cash.....		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
15. Cash Payments.....		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>5,331.42</u>	\$ <u>0</u>	\$ <u>0</u>

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED.....	Schedule B, Part 2	\$ _____
18. Cash Equivalents.....	See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts.....	Add Line 2 + Line 9 in Column B above	\$ <u>19,116.94</u>

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).

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

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Schedule B - Part 1 Loans Received

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from July 1, 2012
through Dec. 31, 2012

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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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD (a)	AMOUNT RECEIVED THIS PERIOD (b)	AMOUNT PAID OR FORGIVEN THIS PERIOD (c)		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (d)	INTEREST PAID THIS PERIOD (e)	ORIGINAL AMOUNT OF LOAN (f)	CUMULATIVE CONTRIBUTIONS TO DATE (g)
				PAID	FORGIVEN				
Lloyd Johnson	Retired	\$ 29,110.94	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 0.00	<input type="checkbox"/> FORGIVEN	N/A	0.00%	\$ 100.00	6-7-2013
[REDACTED]	Retired	\$ 100.00	\$ 0.00	<input type="checkbox"/> PAID	<input type="checkbox"/> FORGIVEN	N/A	0.00%	\$ 100.00	6-12-2013
SUBTOTALS		\$ 29,210.94	\$ 0.00	\$ 0.00	\$ 0.00	\$ 29,210.94	0.00%	\$ 200.00	6-12-2013

Schedule B Summary

- Loans received this period \$ 0.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(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

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