Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from July-1-2018
through Dec-31-2018

Date of election if applicable:
(Month/Day/Year)

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.
   - [x] 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:
   - [ ] Preelection Statement
   - [x] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   - COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Lloyd Johnson for City Council 2020
   - STREET ADDRESS (NO PO. BOX): West Covina, CA
   - CITY: West Covina
   - STATE: CA
   - ZIP CODE: 91790
   - PHONE: 626-303-6960

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 correct. I certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.
   Executed on: 1-15-2018
   By: Lloyd Johnson
   Signature of Treasurer or Assistant Treasurer

   Executed on: 1-15-2019
   By: Lloyd Johnson
   Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on:
   By:
   Signature of Controlling Officer, Candidate, State Measure Proponent

   Executed on:
   By:
   Signature of Controlling Officer, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fec.gov (866/375-3777)
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Lloyd 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
West Covina

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

J.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

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

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE Sought OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE Sought OR HELD

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NAME OF OFFICEHOLDER OR CANDIDATE OFFICE Sought OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE Sought OR HELD

SUPPORT

OPPOSE

ATTACH CONTINUATION SHEETS IF NECESSARY

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-9772)
www.fppc.ca.gov
## Contributions Received

<table>
<thead>
<tr>
<th>1. Monetary Contributions</th>
<th>$23,99</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Loans Received</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$23,99</td>
<td>$0</td>
</tr>
<tr>
<td>4. Nonmonetary Contributions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$23,99</td>
<td>0</td>
</tr>
</tbody>
</table>

## Expenditures Made

<table>
<thead>
<tr>
<th>6. Payments Made</th>
<th>$0</th>
<th>$0</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Loans Made</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>8. SUBTOTAL CASH PAYMENTS</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>9. Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>10. Nonmonetary Adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. TOTAL EXPENDITURES MADE</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

## Current Cash Statement

<table>
<thead>
<tr>
<th>12. Beginning Cash Balance</th>
<th>$53,142</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Cash Receipts</td>
<td>$23,99</td>
</tr>
<tr>
<td>14. Miscellaneous Increases to Cash</td>
<td>0</td>
</tr>
<tr>
<td>15. Cash Payments</td>
<td>0</td>
</tr>
<tr>
<td>16. ENDING CASH BALANCE</td>
<td>$53,155.39</td>
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</tbody>
</table>

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).

## Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>18. Cash Equivalents</th>
<th>0</th>
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</thead>
<tbody>
<tr>
<td>19. Outstanding Debts</td>
<td>$19,110.97</td>
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</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.
Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>FULL NAME, STREET/ADDRESS AND ZIP CODE OF LENDER</th>
<th>OCCUPATION AND EMPLOYER OF SELF/EMPLOYER, ENTER NAME OF BUSINESS</th>
<th>OUTSTANDING BALANCE BEGINNING THIS PERIOD</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>AMOUNT PAID OR FORGIVEN THIS PERIOD</th>
<th>INTEREST PAID THIS PERIOD</th>
<th>ORIGINAL AMOUNT OF LOAN</th>
<th>CUMULATIVE CONTRIBUTIONS TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lloyd Johnson</td>
<td>Retired</td>
<td>$19,110.97</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0.00</td>
<td>$1,000.00</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>West Covina, Ca</td>
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<td>$0.00</td>
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<tr>
<td>Ind</td>
<td>Com</td>
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<td>$0.00</td>
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<tr>
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<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Lloyd Johnson</td>
<td>Retired</td>
<td>$10,00.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>0.00</td>
<td>$1,000.00</td>
<td>CALENDAR YEAR</td>
</tr>
<tr>
<td>West Covina, Ca</td>
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<td>$0.00</td>
</tr>
</tbody>
</table>

Subtotals $0.00 $0.00 $19,110.97 $0.00

Schedule B Summary

1. Loans received this period ................................................................. $0.00
(Total Column (b) plus unitemized loans of less than $100.)

2. 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.)

3. Net change this period. (Subtract Line 2 from Line 1.) ........................... $0.00
(Enter net here and on the Summary Page, Column A, Line 2)

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

**If required...

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (916/275-3772)
www.fppc.ca.gov

Contributor Codes:
IND – Individual
CCM – Recipient/Committee
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee