1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - [X] 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 5)
   - [ ] Primarily Formed Candidate/Officeholder Committee (Also Complete Part 5)

2. Type of Statement:
   - [ ] Preelection Statement
   - [X] Semi-annual Statement
   - [ ] Termination Statement (Also file a Form 410 Termination)
   - [ ] Amendment (Explain below)

3. Committee Information
   - I.D. NUMBER: 1358528
   - [Lloyd Johnson for City Council 2020]

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 __________________________ Date __________________________
   Executed on __________________________ Date __________________________
   Executed on __________________________ Date __________________________
   Executed on __________________________ Date __________________________

   By __________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   By __________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   By __________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent

   By __________________________
   Signature of Controlling Officerholder, Candidate, State Measure Proponent
5. Officeholder or Candidate Controlled Committee

| NAME OF OFFICEHOLDER OR CANDIDATE | Lloyd Johnson |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) | City of West Covina |
| CITY | West Covina |
| STATE | CA |
| ZIP | 91790 |

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

| NAME OF OFFICEHOLDER OR CANDIDATE |
| OFFICE SOUGHT OR HELD |
| SUPPORT | OPPOSE |

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Attach continuation sheets if necessary.
### Contributions Received

1. Monetary Contributions .......................................................... Schedule A, Line 3 $\ 950
2. Loans Received ........................................................................... Schedule B, Line 3 $\ 260
3. SUBTOTAL CASH CONTRIBUTIONS ........................................... Add Lines 1 + 2 $\ 950
4. Nonmonetary Contributions ....................................................... Schedule C, Line 3 $\ 200
5. TOTAL CONTRIBUTIONS RECEIVED ....................................... Add Lines 3 + 4 $\ 1150

### Expenditures Made

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

### Current Cash Statement

12. Beginning Cash Balance ......................................................... Previous Summary Page, Line 16 $\ 5155
13. Cash Receipts ............................................................................ Column A, Line 3 above $\ 1150
14. Miscellaneous Increases to Cash ................................................ Schedule I, Line 4 $\ 0
15. Cash Payments ........................................................................... Column A, Line 8 above $\ 0
16. ENDING CASH BALANCE ....................................................... Add Lines 12 + 13 + 15, then subtract Line 15 $\ 6305

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

### Expenditure Limit Summary for State Candidates

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

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yyyy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

*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).**
## Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .......................................................... $ 750

2. Amount received this period – unitemized monetary contributions of less than $100 .................. $ 0

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................... TOTAL $ 750

---

### Schedule A

**Monetary Contributions Received**

- **Statement covers period**: from **JAN-1-2019** through **JUNE-31-2019**
- **Page 4 of 5**

### Table

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2/2019</td>
<td>Rod Perryman</td>
<td>IND</td>
<td>Percewee Construction</td>
<td>$50</td>
<td>$50 -</td>
<td>$50 -</td>
</tr>
<tr>
<td></td>
<td>West Covina CA 9179</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/2/2019</td>
<td>Donald Schellaga</td>
<td>IND</td>
<td>Retired</td>
<td>$50</td>
<td>$50 -</td>
<td>$50 -</td>
</tr>
<tr>
<td></td>
<td>West Covina CA 9179</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/2/2019</td>
<td>John Hughes</td>
<td>IND</td>
<td>Retired</td>
<td>$200</td>
<td>$200 -</td>
<td>$200 -</td>
</tr>
<tr>
<td></td>
<td>West Covina CA 9179</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/2/2019</td>
<td>Gary Lawson</td>
<td>IND</td>
<td>Consultant</td>
<td>$200</td>
<td>$200 -</td>
<td>$200 -</td>
</tr>
<tr>
<td></td>
<td>Diamond Bar CA 91765</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/2/2019</td>
<td>Charles Mauritz</td>
<td>IND</td>
<td>Retired</td>
<td>$50</td>
<td>$50 -</td>
<td>$50 -</td>
</tr>
<tr>
<td></td>
<td>West Covina CA 9179</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUBTOTAL $**

---

*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

FFPC Form 460 (Jan/2016)

FFPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov
## Schedule A
### Monetary Contributions Received

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3-22-2019</strong></td>
<td>Satwinder Sidhu</td>
<td>COM</td>
<td>7/11 Stores (3)</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td><strong>3-20-19</strong></td>
<td></td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3-3-19</strong></td>
<td>LA Puente, CA 91744</td>
<td>COM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule A Summary

1. Amount received this period – Itemized monetary contributions.
   (Include all Schedule A subtotals.) .............................................................. $200

2. Amount received this period – Unitemized monetary contributions of less than $100 ................ $100

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ...................... TOTAL $300

---

*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

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### Schedule B - Part 1

**Loans Received**

Amounts may be rounded to whole dollars.

**Statement covers period**

from **Jan-14-2019**

through **June-30-2019**

**CALIFORNIA FORM 460**

**Page 6 of 6**

---

<table>
<thead>
<tr>
<th>Full Name, Street Address and Zip Code of Lender (If Committee, Also Enter I.D. Number)</th>
<th>If an Individual, Enter Occupation and Employer (If Self-Employed, 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>Outstanding Balance at Close of 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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule B Summary**

1. Loans received this period
   
   (Total Column (b) plus unitemized loans of less than $100.)
   
   $200

2. Loans paid or forgiven this period
   
   (Total Column (c) plus loans under $100 paid or forgiven.)
   
   $200

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

   $200

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

**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

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