

**Recipient Committee  
Campaign Statement  
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<b>RECEIVED</b> Date Stamp JUL 31 2012 CITY CLERKS OFFICE CITY OF GLENDORA	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>3</u> For Official Use Only

Statement covers period  
 from Jan 1, 2012  
 through July 1, 2012

Date of election if applicable:  
 (Month, Day, Year)  
 \_\_\_\_\_

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  
 Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1334433

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Landmann-Johnsey for City Council 2011

STREET ADDRESS (NO P.O. BOX)  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Glendora CA 91740

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

CITY STATE ZIP CODE AREA CODE/PHONE  
 \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS  
 \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
William Landman

MAILING ADDRESS  
 \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE  
Glendora CA 91740

NAME OF ASSISTANT TREASURER, IF ANY  
n/a

MAILING ADDRESS  
 \_\_\_\_\_

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, 2012 By William Landmann  
Date Signature of Treasurer or Assistant Treasurer

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 3

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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**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 checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Landmann-Johnsey	City Council	

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>Jan 1, 2012</u>	<b>CALIFORNIA FORM 460</b>
through <u>July 1, 2012</u>	
Page <u>3</u> of <u>3</u>	I.D. NUMBER <u>1334433</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions ..... Schedule A, Line 3	\$ _____	\$ _____
Loans Received ..... Schedule B, Line 3	_____	_____
<b>SUBTOTAL CASH CONTRIBUTIONS</b> ..... Add Lines 1 + 2	\$ _____	\$ _____
Nonmonetary Contributions ..... Schedule C, Line 3	_____	_____
<b>TOTAL CONTRIBUTIONS RECEIVED</b> ..... Add Lines 3 + 4	\$ <u>None</u>	\$ <u>None</u>

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

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

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Payments Made ..... Schedule E, Line 4	\$ _____	\$ _____
Loans Made ..... Schedule H, Line 3	_____	_____
<b>SUBTOTAL CASH PAYMENTS</b> ..... Add Lines 6 + 7	\$ _____	\$ _____
Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	_____	_____
0. Nonmonetary Adjustment ..... Schedule C, Line 3	_____	_____
<b>1. TOTAL EXPENDITURES MADE</b> ..... Add Lines 8 + 9 + 10	\$ <u>None</u>	\$ <u>None</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**

2. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ _____
3. Cash Receipts ..... Column A, Line 3 above	_____
4. Miscellaneous Increases to Cash ..... Schedule I, Line 4	_____
5. Cash Payments ..... Column A, Line 8 above	_____
<b>6. ENDING CASH BALANCE</b> ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>None</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
<b>7. LOAN GUARANTEES RECEIVED</b> ..... Schedule B, Part 2	\$ <u>None</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).

**Cash Equivalents and Outstanding Debts**

8. Cash Equivalents ..... See instructions on reverse	\$ <u>None</u>
9. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>None</u>

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