

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

RECEIVED

CALIFORNIA 460 2001102 FORM

Date of election if applicable: OCT - 5 2010

Page 1 of For Official Use Only

CITY OF COTATI 11/2/10 CITY MANAGER/CITY CLERK

Type or print in ink.

Statement covers period from 7/1/10 through 9/30/10

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [X] Officeholder, Candidate Controlled Committee [] Ballot Measure Committee [] State Candidate Election Committee [] Primarily Formed [] Controlled [] Sponsored [] Recall [] General Purpose Committee [] Primarily Formed Candidate/Officeholder Committee [] Sponsored [] Small Contributor Committee [] Political Party/Central Committee []

- 2. Type of Statement: [X] Preelection Statement [] Quarterly Statement [] Semi-annual Statement [] Special Odd-Year Report [] Termination Statement [] Supplemental Preelection Statement - Attach Form 495 [] Amendment (Explain below)

3. Committee Information I.D. NUMBER 1328623

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NEIGHBORS FOR MARK LANDMAN, COUNCIL 2010

STREET ADDRESS (NO P.O. BOX) [REDACTED] CITY COTATI STATE CA ZIP CODE 94931 AREA CODE/PHONE [REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX [REDACTED] CITY COTATI STATE CA ZIP CODE 94931 AREA CODE/PHONE [REDACTED]

Treasurer(s) NAME OF TREASURER STEVEN ONINES MAILING ADDRESS [REDACTED] CITY COTATI STATE CA ZIP CODE 94931 AREA CODE/PHONE [REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY SUSAN HARVEY MAILING ADDRESS [REDACTED] CITY COTATI STATE CA ZIP CODE 94931 AREA CODE/PHONE [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS [REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS [REDACTED]

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 complete.

Executed on 10/4/10 Date [REDACTED] Signature of Treasurer or Assistant Treasurer [REDACTED]

Executed on 10/4/10 Date [REDACTED] Signature of Candidate, State Measure Proponent or Responsible Officer of Sponsor [REDACTED]

Executed on [REDACTED] Date [REDACTED] Signature of Controlling Officer/holder, Candidate, State Measure Proponent [REDACTED]

Executed on [REDACTED] Date [REDACTED] Signature of Controlling Officer/holder, Candidate, State Measure Proponent [REDACTED]

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
MARK LANDMAN

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MEMBER OF CITY COUNCIL, CITY OF COTATI

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED ADDRESS] [REDACTED CITY] [REDACTED STATE] [REDACTED 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? <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. 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 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

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

SUMMARY PAGE

Statement covers period from 7/1/10 through 9/330/10	CALIFORNIA FORM 460
Page 3 of _____	I.D. NUMBER 1328623

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
NEIGHBORS OF MARK LANDMAN, COUNCIL 2010

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	3477	3477
2. Loans Received Schedule B, Line 3	1,400	1,400
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	4877	4877
4. Nonmonetary Contributions Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	4877	4877

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Expenditures Made		
6. Payments Made Schedule E, Line 4	891.14	891.14
7. Loans Made Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	891.14	891.14
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	891.14	891.14

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Current Cash Statement		
12. Beginning Cash Balance Previous Summary Page, Line 16	0	0
13. Cash Receipts Column A, Line 3 above	4877	4877
14. Miscellaneous Increases to Cash Schedule I, Line 4	0	0
15. Cash Payments Column A, Line 8 above	891.14	891.14
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	3985.86	3985.86

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	0	0
Cash Equivalents and Outstanding Debts		
18. Cash Equivalents See instructions on reverse	0	0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	0	0

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	\$ _____		

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

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

*Since January 1, 2001, Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

Statement covers period
from 7/1/10
through 9/30/10

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1328623

NEIGHBORS FOR MARK LANDMAN, COUNCIL 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PERELECTION TO DATE (IF REQUIRED)
9/1/10	PAULINE ANDREOLI/DBA ANDREOLI TOWING [REDACTED] COTATI, CA 94931	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TOWING COMPANY OFFICER	100	100	100
9/2/10	CARLS BODY SHOP	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	100
9/7/10	COTATI ROHNERT PARK STORAGE PO BOX 190 COTATI, CA 94931	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	100
9/2/10	CARL SCHOLLMANN [REDACTED] COTATI, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COTATI ROHNERT PARK STORAGE OFFICER	100	100	100
9/10	MADDY HIRSHFIELD [REDACTED] COTATI, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DISTRICT DIRECTOR FOR ASSEMB. WESLEY CUESBRO	100	100	100
SUBTOTAL \$				500.		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 75.
- Amount received this period - unitemized contributions of less than \$100
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$**

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period
from 7/1/10
through 9/30/10

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1328623

CALIFORNIA
FORM **460**

NAME OF FILER NEIGHBORS FOR MARK LANDMAN, COUNCIL 2010		Statement covers period		I.D. NUMBER		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/13/10	JULIAN LANDMAN [REDACTED] NOVATO, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED S.F.P.D.	250	250	250
9/13/10	PATRICIA LANDMAN [REDACTED] NOVATO, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	250	250	250
9/13/10	ALAN WINTERMEYER [REDACTED] COTATI, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NURSE PRACTITIONER SANTA ROSA JR COLLEGE	100	100	100
9/3/10	REDWOOD CAFE [REDACTED] COTATI, CA 94931	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100	100	100
8/31/10	RICH STEWART [REDACTED] COTATI, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER OF ARCH'S GLASS, COTATI	350	350	350
SUBTOTAL \$				1050		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period
from 7/1/10
through 9/30/10

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NAME OF FILER
NEIGHBORS FOR MARK LANDMAN, COUNCIL 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/3/10	OLIVERS MARKET 429 EAST COTATI COTATI, CA 94931	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350	350	350
8/1/10	ROBERT COLEMAN [REDACTED] COTATI, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR, SONOMA STATE UNIVERSITY	350	350	350
7/14/10	PRUE DRAPER [REDACTED] COTATI, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	350	350	350
7/25/10	JOAN SIMON [REDACTED] COTATI, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT, SELF EMPLOYED FULL-TIME CONSULTING	100	100	100
7/28/10	JANET ORCHARD [REDACTED] COTATI, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UNDERWRITER SWETT & CRAWFORD	350	350	350
SUBTOTAL \$				1500		

*Contributor Codes
IND - Individual
COM - Recipient Committee
 (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
 from 7/1/10
 through 9/30/10
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NAME OF FILER		NEIGHBORS OF MARK LANDMAN, COUNCIL 2010						
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
7/30/10	PAMELA TORLIATT [REDACTED] PETALUMA, CA 94052	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MAYOR, CITY OF PETALUMA	100	100	100		
9/13/10	NEIL HANCOCK [REDACTED] HEALDSBURG, CA 95448	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER OF AMORUSO PRINTING CEO, AZONDO CORPORATION	150	150	150		
9/3/10	VICKI DOUGAN OF SALES PROMOTION [REDACTED] COTATI CA 94931	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER OF SALES PROMOTION	102	102	102		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						
SUBTOTAL \$				352				

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

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

Statement covers period
 from 7/1/10
 through 9/330/10

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FORM 460

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1328623

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
NEIGHBORS OF MARK LANDMAN, COUNCIL 2010

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	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
MARK LANDMAN [REDACTED] COTATI, CA 94931	RETIRED	\$ 0	\$ 1,400	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1,400 N/A	N/A %	\$ 1,400 9/7/10	\$ 1,400 PER ELECTION**
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____ %	\$ _____ DATE INCURRED	\$ _____ PER ELECTION**
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ DATE DUE	_____ %	\$ _____ DATE INCURRED	\$ _____ PER ELECTION**
SUBTOTALS \$					1,400 \$		1,400 \$	

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

Schedule B Summary

1. Loans received this period \$ 1,400
 (Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$ 0
 (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.) **NET \$** 1,400
 Enter the 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.

† Contributor Codes
 IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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

**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7/1/10 through 9/30/10 Page 9 of

NAME OF FILER: **NEIGHBORS OF MARK LANDMAN, COUNCIL 2010** I.D. NUMBER: **1328623**

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMORUSO PRINTING 401 - G CENTER STREET HEALDSBURG, CA 95448	PRT	GRAPHIC DESIGN CAMPAIGN FLYERS	201.65
JANICE LANDMAN REIMBORSMENT FOR JAYS ENGRAVING 3185 CLEVELAND AVE SANTA ROSA, CA 95403	CMP	ID BADGES	27.31
AMORUSO PRINTING 401 - G CENTER STREET HEALDSBURG, CA 95448	PRT	CAMPAIGN FLYERS	125.35
SUBTOTAL \$			354.31

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 0

2. Unitemized payments made this period of under \$100 \$ 0

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ 0

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$**

Schedule E (Continuation Sheet) Payments Made

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

Statement covers period
from 7/1/10
through 9/30/10

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1328623

NEIGHBORS OF MARK LANDMAN, COUNCIL 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SALES PROMOTION 14 BAY TREE COURT COTATI, CA 94931	CMP		THIRTY 150 YARD SIGNS	536.83

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 536.83