

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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OCT 21 2010  
CITY OF COTATI  
CITY MANAGER/CITY CLERK

CALIFORNIA 460  
2007/102 FORM  
page 1 of 1  
For Official Use Only

Type or print in ink.

Statement covers period  
from 10/1/10 through 10/16/10  
Date of election if applicable:  
(Month, Day, Year)  
11/2/10 CITY MANAGER/CITY CLERK

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officerholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Ballot Measure Committee
Primarily Formed
Controlled
Sponsored
Primarily Formed Candidate/Officerholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1328623

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

Treasurer(s)

NAME OF TREASURER
STEVEN ONINES
MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)
CITY
COTATI
STATE
CA
ZIP CODE
94931
AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY
COTATI
STATE
CA
ZIP CODE
94931
AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY
SUSAN HARVEY
MAILING ADDRESS
CITY
COTATI
STATE
CA
ZIP CODE
94931
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 10/21/10
Executed on 10/21/10
Executed on
Executed on

Signature of Treasurer or Assistant Treasurer
Signature of Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Signature of Controlling Officerholder, Candidate, State Measure Proponent
Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

# Recipient Committee Campaign Statement Cover Page — Part 2

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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  
**365 MAPLE AVENUE COTATI CA 94931**

**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

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 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

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 10/1/10  
through 10/16/10

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I.D. NUMBER

1328623

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**NEIGHBORS OF MARK LANMAN COUNCIL 2010**

## 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>590</u>	<u>4067</u>
2. Loans Received .....	Schedule B, Line 3 <u>0</u>	<u>1400</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 <u>590</u>	<u>5467</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 <u>590</u>	<u>5467</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

6. Payments Made .....	Schedule E, Line 4 \$ <u>1347</u>	<u>2258</u>
7. Loans Made .....	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 <u>1347</u>	<u>2258</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 <u>1347</u>	<u>2258</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
<u>    </u> / <u>    </u> / <u>    </u>	\$ <u>    </u>
<u>    </u> / <u>    </u> / <u>    </u>	\$ <u>    </u>
<u>    </u> / <u>    </u> / <u>    </u>	\$ <u>    </u>
<u>    </u> / <u>    </u> / <u>    </u>	\$ <u>    </u>
<u>    </u> / <u>    </u> / <u>    </u>	\$ <u>    </u>
<u>    </u> / <u>    </u> / <u>    </u>	\$ <u>    </u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>3986</u>
13. Cash Receipts .....	Column A, Line 3 above <u>590</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 <u>1347</u>
15. Cash Payments .....	Column A, Line 8 above <u>3229</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>    </u>

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

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).

17. LOAN GUARANTEES RECEIVED .....

Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse \$ <u>0</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ <u>0</u>

\*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 10/1/10  
through 10/16/10

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**NEIGHBORS OF MARK LANMAN 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)
9/16/10	NORTHERN CALIFORNIA CARPENTERS REGIONAL COUNCIL ID# 972104	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		350	350	350
10/4/10	C HINKLE ANIMAL HOSPITAL OF COTATI 331 EAST COTATI AV COTATI, CA 94931	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ANIMAL HOSPITAL OF COTATI 331 EAST COTATI AV COTATI, CA 94931	100	100	100
10/10/10	Messala Banks (Rupinder Garcha) 7981 Old Redwood Hwy Cotati, CA 94951	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rupinder Garcha	100	100	100
<b>SUBTOTAL \$</b>						

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 550,400
- Amount received this period - unitemized contributions of less than \$100 ..... \$ 40
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 590,400

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

**Schedule B - Part 1  
Loans Received**

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

Statement covers period  
from 10/1/10  
through 10/16/10

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**CALIFORNIA 460  
FORM**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**NEIGHBORS OF MARK LANMAN COUNCIL 2010**

I.D. NUMBER  
**1328623**

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	PER ELECTION**		
									CALENDAR YEAR	CALENDAR YEAR	
MARK LANDMAN 365 MAPLE AVENUE COTATI, CA 94931	RETIRED	\$ 1400	\$ 0	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1400	%	\$ 1400	\$ 1400			
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	%	\$	\$			
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	%	\$	\$			
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	%	\$	\$			
<b>SUBTOTALS \$</b>								<b>\$ 1400</b>	<b>\$</b>		

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

**Schedule B Summary**

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0  
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

**Schedule E  
Payments Made**

Statement covers period  
from 10/1/10 through 10/16/10  
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NEIGHBORS OF MARK LANMAN 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
MARK LANMAN FOR MORE UNLIMITED 8282 OLD REDWOOD HWY COTATI, CA 94931	LIT		PHOTO COPY FOR WALKING HANDOUTS	60.01
AMORUSO PRINTING 401 G. CENTER STREET HEALDSBURG, CA 95448	LIT		WALK PIECES	125.35
DAYA CEGLIA Cotati, CA 94931	WEB		WEBSITE	300.00
			<b>SUBTOTAL \$</b>	<b>485.36</b>

\* 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.) ..... \$ 1253.
2. Unitemized payments made this period of under \$100 ..... \$ 94.
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 \$** 1347.

