

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
RECEIVED
NOV 26 2010
CITY OF COJATI
PLANNING AND BUILDING DEPT.

Date of election if applicable:
(Month, Day, Year) 11/2/10

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

Page 1 of _____
For Official Use Only

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
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

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

TO REFLECT DEPOSIT MADE 10/19/10

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)

CITY

STATE ZIP CODE

AREA CODE/PHONE

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

STEVEN R ONINES

MAILING ADDRESS

CITY

STATE ZIP CODE

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

SUSAN HARVEY

MAILING ADDRESS

CITY

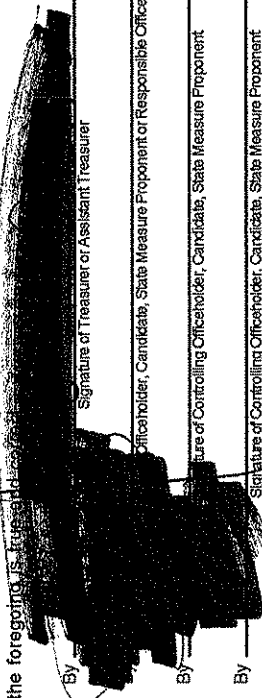
STATE ZIP CODE

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 10/26/10 Date
By 
Executed on 10/26/10 Date
By _____
Executed on _____ Date
By _____ Date

Signature of Treasurer or Assistant Treasurer

Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of

Recipient Committee Campaign Statement Cover Page - Part 2

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): [REDACTED] 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?, COMMITTEE ADDRESS, STREET ADDRESS (NO P.O. BOX), CITY, STATE, ZIP CODE, AREA CODE/PHONE. (Multiple entries for committees)

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.

Table with 4 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT, OPPOSE. (Multiple rows for different candidates)

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 10/1/10
through 10/16/10

CALIFORNIA
FORM
460

Page 3 of
I.D. NUMBER
1328623

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NEIGHBORS OF MARK LANMAN, 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 <u>1,450</u>	<u>4,927</u>
2. Loans Received	Schedule B, Line 3 <u>0</u>	<u>1,400</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 <u>1,450</u>	<u>6,327</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 <u>1,450</u>	<u>6,327</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>1,347</u>	<u>2,238</u>
7. Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 <u>1,347</u>	<u>2,238</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 6 + 9 + 10 <u>1,347</u>	<u>2,238</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	
12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>3,986</u>
13. Cash Receipts	Column A, Line 3 above <u>1,450</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>
15. Cash Payments	Column A, Line 8 above <u>1,347</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>4,089</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 \$ <u> </u>
Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	See instructions on reverse \$ <u> </u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u> </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

I.D. NUMBER

NEIGHBORS OF MARK LANMAN, COUNCIL 2010

1328623

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 [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC	ID # 972104	350.	350.	350.
10/4/10	CARLTON HINKLE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, ANIMAL HOSPITAL OF COTATI	100.	100.	100.
10/10/10	RUPINDER GARCHA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, MASALA JACKS	100.	100.	100.
10/2/10	HAROLD BERKEMIER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED, HAROLD'S LANDSCAPING	100.	100.	100.
10/6/10	SONOMA COUNTY ALLIANCE [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		350.	350.	350.
SUBTOTAL \$				1000.		

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,375

2. Amount received this period - unitemized contributions of less than \$100..... \$ 75

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,450

*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.

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

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NAME OF FILER
NEIGHBORS OF MARK LANMAN, COUNCIL 2010

I.D. NUMBER
1328623

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)
10/6/10	SONOMA COUNTY DEMOCRATIC PARTY [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		100.	100.	100.
10/7/10	DONNA NORTON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100.	100.	100.
10/10/10	MIKE MCGUIRE [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SONOMA COUNTY SUPERVISOR ELECT FOR DISTRICT 4	100.	100.	100.
10/8/10	IRENE HILSENDAGER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SEFL EMPLOYED, PUBLISHER FOR NORTHBAY TIMES	75.	75.	75.
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				375.		

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

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

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
MARK LANMAN [REDACTED]	RETIRED	\$ 1,400.	\$ 0	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1,400. DATE DUE _____	_____% RATE	\$ 1,400. DATE INCURRED _____	\$ 1,400. PER ELECTION**
<input checked="" 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								
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS \$								\$

(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.
 (May be a negative number)

* 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

FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

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

Statement covers period
from 10/1/10
through 10/16/10
Page 7 of _____
I.D. NUMBER
1328623

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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.

- | | | |
|---|---|---|
| CMS campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNP 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 [REDACTED]	LIT		PHOTO COPY FOR WALING HANDOUTS	60.01
AMORUSO PRINTING [REDACTED]	LIT		WALK PEICES	125.35
DAYA CEGLIA [REDACTED]	WEB		WEBSITE	300.
SUBTOTAL \$				485.36

* 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.) \$ 1,253.
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 \$ 1,347**

**Schedule E
(Continuation Sheet)
Payments Made**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 |
| CTB | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTN | 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) |

SCHEDULE E (CONT.)

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

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CALIFORNIA **460**
FORM

I.D. NUMBER
1328623

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AD VANTAGE MARKETING ██████████	LIT		MAILING	767.33

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

SUBTOTAL \$ **767.33**