

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED
 Date Stamp
 NOV - 2 2010
 Page 1 of 1
 For Official Use Only

Statement covers period
 from 10/17/10 through 10/28/10
 Date of election if applicable (Month, Day, Year) 11/2/10
 CITY OF COTATI
 CITY MANAGER/CITY CLERK

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
- 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 R 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]

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]

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 correct.

Executed on 11/2/10 Date
 Executed on 11/2/10 Date
 Executed on _____ Date
 Executed on _____ Date

By [REDACTED] Signature of Treasurer or Assistant Treasurer
 By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By [REDACTED] Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

Page 2 of _____

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] 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? <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 |
|----------------------|--------------|---|

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 10/17/10
through 10/28/10

Page 3 of
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 | \$ <u>6,777</u> | \$ <u> </u> |
| 21. Expenditures Made | \$ <u>6,777</u> | \$ <u> </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> |

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

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions | \$ <u>450</u> | \$ <u>5,377</u> |
| 2. Loans Received | \$ <u>0</u> | \$ <u>1,400</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS | \$ <u>450</u> | \$ <u>6,777</u> |
| 4. Nonmonetary Contributions | \$ <u>0</u> | \$ <u>0</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED | \$ <u>450</u> | \$ <u>6,777</u> |

| | | |
|------------------------------------|-----------------|-----------------|
| 6. Payments Made | \$ <u>2,739</u> | \$ <u>4,977</u> |
| 7. Loans Made | \$ <u>0</u> | \$ <u>0</u> |
| 8. SUBTOTAL CASH PAYMENTS | \$ <u>2,739</u> | \$ <u>4,977</u> |
| 9. Accrued Expenses (Unpaid Bills) | \$ <u>0</u> | \$ <u>0</u> |
| 10. Nonmonetary Adjustment | \$ <u>0</u> | \$ <u>0</u> |
| 11. TOTAL EXPENDITURES MADE | \$ <u>2,739</u> | \$ <u>4,977</u> |

Current Cash Statement

| | |
|-------------------------------------|-----------------|
| 12. Beginning Cash Balance | \$ <u>7,089</u> |
| 13. Cash Receipts | \$ <u>450</u> |
| 14. Miscellaneous Increases to Cash | \$ <u>2,739</u> |
| 15. Cash Payments | \$ <u>1,800</u> |
| 16. ENDING CASH BALANCE | \$ <u>8,478</u> |

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

| | |
|------------------------------|-------------|
| 17. LOAN GUARANTEES RECEIVED | \$ <u>0</u> |
| 18. Cash Equivalents | \$ <u>0</u> |
| 19. Outstanding Debts | \$ <u>0</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

| | |
|-----------------------|-------------|
| 18. Cash Equivalents | \$ <u>0</u> |
| 19. Outstanding Debts | \$ <u>0</u> |

Schedule A Monetary Contributions Received

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

Statement covers period
from 10/17/10
through 10/28/10

Page 4 of
I.D. NUMBER
1328623

SEE INSTRUCTIONS ON REVERSE
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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 10/21/10 | DAWNA GALLAGHER [REDACTED] ROHNERT PARK, CA 94928 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | NUTRITION CONSULTANT NUTRACEUTICALS | 100. | 100. | 100. |
| 10/26/10 | CREPAC - CANDIDATE SUPPORT [REDACTED] LOS ANGELES, CA 90020 ID# 890106 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | 350. | 350. | 350. |
| | | <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 \$ | | | | 450. | 450. | |

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 450.
- Amount received this period - unitemized contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 450.

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

Statement covers period
 from **10/17/10**
 through **10/28/10**

Page **5** of _____
 I.D. NUMBER
1328623

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
NEIGHBORS FOR 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 | CALENDAR YEAR | | |
|---|--|---|-----------------------------|--|---|---------------------------|-------------------------|----------------------------------|---------------|-----------------|----------------|
| | | | | | | | | | | PER ELECTION** | PER ELECTION** |
| MARK LANDMAN COTATI, CA 94931 | RETIRED | \$ 1,400 | \$ 0 | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | \$ 1,400 | 0 % | \$ 1,400 | \$ 1,400 | 2010 | | |
| | | \$ | \$ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | % | | | | | |
| | | \$ | \$ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | % | | | | | |
| | | \$ | \$ | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | % | | | | | |
| SUBTOTALS \$ | | | | | | | | 0 \$ | 0 \$ | 1,400 \$ | 0 |

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

Schedule B Summary

- Loans received this period \$ 0
 (Total Column (b) plus unfitemized 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

Schedule E Payments Made

Statement covers period
from **10/17/10**
through **10/28/10**

Page **6** of _____
I.D. NUMBER
1328623

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
NEIGHBORS FOR 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 |
|---|------|----|------------------------|--------------|
| AMORUSO PRINTING 401 G CENTER STREET HEALDSBURG, CA 95448 | LIT | | WALK PIECES | 1,472 |
| AMORUSO PRINTING 401 G CENTER STREET HEALDSBURG, CA 95448 | LIT | | WALK PIECES | 125. |
| AD-VANTAGE MARKETING 455 TESCONI CIRCLE SANTA ROSA, CA 95401 | LIT | | MAILING | 406. |
| SUBTOTAL \$ | | | | 2,003 |

* 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.) | \$ | 2,739. |
| 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 \$ | 2,739. |

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NEIGHBORS FOR 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 |
|---|------|----|------------------------|-------------|
| AMORUSO PRINTING 401 - G CENTER STREET HEALDSBURG, CA 95448 | LIT | | MAIL PIECES | 736. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| SUBTOTAL \$ | | | | 736. |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC