

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
2001/02
FORM

RECEIVED
postmarked 12/31/10
JAN - 5 2011

Page 1 of _____
For Official Use Only

Type or print in ink.

Date of election if applicable:
(Month, Day, Year) 11/2/10 CITY OF COTATI
CITY MANAGER/CITY CLERK

Statement covers period
from 10/28/10
through 12/29/10

SEE INSTRUCTIONS ON REVERSE

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

- Officelholder, Candidate Controlled Committee
- Bailot Measure Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officelholder Committee (Also Complete Part 7)
- Primarily Formed Committee
- Controlled (Also Complete Part 6)
- Sponsoresd

2. Type of Statement:

- 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

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

I.D. NUMBER
1328623

STREET ADDRESS (NO P.O. BOX) _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
COTATI CA 94631

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

Treasurer(s)

NAME OF TREASURER
STEVEN R ONINES

MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
COTATI CA 94931

NAME OF ASSISTANT TREASURER, IF ANY
SUSAN HARVEY

MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
COTATI CA 94931

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 and belief, 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 Dec 30, 10 Date

Executed on 12/30/10 Date

Executed on _____ Date

Executed on _____ Date

Signature of Treasurer or Assistant Treasurer
Signature of Controlling Officer/holder, 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.

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

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FORM

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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] 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	<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

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 10/29/10
through 12/29/10

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FORM **460**

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I.D. NUMBER
1328623

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

NEIGHBORS FOR MARK LANDMAN, COUNCIL 2010

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 0	\$ 5,377
2. Loans Received Schedule B, Line 3	\$ 0	\$ 1,400
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 0	\$ 6,777
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0	\$ 6,777

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

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 1,800	\$ 6,777
7. Loans Made Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,800	\$ 6,777
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 1,800	\$ 6,777

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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 1,800
13. Cash Receipts Column A, Line 3 above	\$ 0
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 0
15. Cash Payments Column A, Line 8 above	\$ 1,800
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0

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

To calculate Column B, add amounts in Column B to the corresponding amounts from Column A 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 \$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0

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

Statement covers period
 from 10/29/10
 through 12/29/10

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SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

NEIGHBORS FOR MARK LANDMAN, COUNCIL 2010

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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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	CALENDAR YEAR		
									PERIOD	PERIOD	
MARK LANDMAN [REDACTED] COTATI, CA 94931	RETIRED	\$ 1,400	\$ 0	<input checked="" type="checkbox"/> PAID \$ 764. <input checked="" type="checkbox"/> FORGIVEN \$ 636.	\$ 0	0 %	\$ 1,400	\$ 1,400	PER ELECTION**	CALENDAR YEAR	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____ %	\$ _____	\$ _____	PER ELECTION**	CALENDAR YEAR	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____ %	\$ _____	\$ _____	PER ELECTION**	CALENDAR YEAR	
SUBTOTALS \$								0 \$	1,400 \$	0 \$	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 \$ 1,400.
 (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 \$ -1,400.**
 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

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

Schedule E
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 HEALDSBURG, CA 95448	LIT		CHECK # 116	87.
AMORUSO PRINTING HEALDSBURG, CA 95448	LIT		CHECK # 118	297.
HIRSHFIELD CONSULTING COTATI, CA 94931	CNS		CHECK # 115	500.
			SUBTOTAL \$	884.

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

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 11648.
- Unitemized payments made this period of under \$100 \$ 152.
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 11800

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

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

SCHEDULE E (CONT.)

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from 10/29/10
through 12/29/10
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1328623

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 | MITG | 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)

MARK LANDMAN
COTATI, CA 94931

CODE OR

OTH

DESCRIPTION OF PAYMENT

PARTIAL REPAYMENT OF LOAN

AMOUNT PAID

764.

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

SUBTOTAL \$ 764.