Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink.		Date Stamp	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE	statement covers period from JWY 1, 2011 through McCmbc 31, 2011	Date of election if applicable: (Month, Day, Year)		For Official Use Only	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	rimarily Formed Ballot Measure committee) Controlled) Sponsored liso Complete Part 6) rimarily Formed Candidate/ officeholder Committee liso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To Amendment (Explain b	Sponsor	arterly Statement ecial Odd-Year Report pplemental Preelection ternent - Attach Form 495	
EN CA CANDIDATE'S NAME IF NO COMMITTEE) EN CA CANDINGTON - SCHOOL FOR STREET ADDRESS (NO P.O. BOX) STATE ZIP CO	DE AREA CODE/PHONE OX	Treasurer(s) NAME OF TREASURER MAILING ADDRESS CITY NAME OF ASSISTANT TREASURER MAILING ADDRESS	RER, IF ANY	CODE AREA CODE/PHONE CODE AREA CODE/PHONE	
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR			
Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on	By	Viedge the information contained he Landman Signature of Treasurer or Assistant andmann - John Sch folling Officeholder, Candidate, State Measure Pro Signature of Controlling Officeholder, Candidate, S	Treasurer oponent or Responsible Officer of Sponso tate Measure Proponent		

CC	OVER PAG	GE - PART 2
CALIFO FOR		460
Page	of	3

Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballo	t Measure Com	mittee	
NAME OF OFFICEHOLDER OR CANDIDATE FIGURE CONTROL - JUNE 184		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION] SUPPORT] OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP		Identify the controlling offi			proponent, if any
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.		OFFICE SOUGHT OR HELD	DIDATE, OR PROPONE	DISTRICT NO.	IF ANY
COMMITTEE NAME I.D. NUMBER					
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO	7.	Primarily Formed Canc officeholder(s) or candidate(s)			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFI	CE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFI	CE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFI	CE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR C	ANDIDATE OFFI	CE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				a	<u> </u>
CITY STATE ZIP CODE AREA CODE/PHONE			h continuation she		

Campaign Disclosure Statement Summary Page

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

Statement covers period from July 1, 2011 CALIFORNIA FORM 460 through DCC(Mbc-31, 20) Page 3 of 3

SEE INSTRUCTIONS ON REVERSE			through	Page of
Erica Landmann-Linney Por Common	2011			1.D. NUMBER 1334433
Contributions Received 1. Monetary Contributions	Column A TOTAL THIS PERIOD FROMATTACHED SCHEDULES)	\$ Column CALENDAR YE TOTAL TO DA \$ STOTAL \$	AR TE DD D D D D D D D D D D D D D D D D D	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 0. Contributions Received \$
Expenditures Made 6. Payments Made Schedule E, Line 4 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 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 \$		\$ 730° \$ 870° \$ 40° \$ 7315	/ c	Expenditure Limit Summary for State candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	0000	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		Amounts in this section may be different from amounts eported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	0	any).		FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)