

COPY

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

2019 MAR 18 AM 10:30

CITY OF WEST COVINA
CITY CLERK'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

Johnson

Lloyd

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of West Covina

Division, Board, Department, District, if applicable

City Council

Your Position

Mayor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of West Covina

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2018, through December 31, 2018.

Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through December 31, 2018.

The period covered is January 1, 2018, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1444 West Garvey Avenue South West Covina CA 91790

DAYTIME TELEPHONE NUMBER
(626) 939-8400

EMAIL ADDRESS
Lloyd.Johnson@westcovina.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/18/19
(month, day, year)

Signature

CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
AGENCY NAME(S)

NAME OF FILER: LLOYD A. JOHNSON
POSITION: BOARD DIRECTOR

AGENCY NAME: SANITATION DISTRICT BOARD OF LOS ANGELES COUNTY
1955 WORKMAN MILL ROAD
WHITTIER, CA 90601

NAME OF FILER: LLOYD A. JOHNSON
POSITION: BOARD ALTERNATE

AGENCY NAME: SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS
(SCAG)
900 WILSHIRE BLVD., STE. 1700
LOS ANGELES, CA 90017