

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
 JOHNSON LLOYD

2018 MAR 5 AM 10:50

CITY OF WEST COVINA
 CITY CLERK'S OFFICE

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 PRO TEM

COPY

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

Agency: PLEASE SEE ATTACHMENT.

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, 2017, through December 31, 2017.

Leaving Office: Date Left _____ (Check one)

-or-

The period covered is _____, through December 31, 2017.

The period covered is January 1, 2017, through the date of leaving office.

Assuming Office: Date assumed 12, 5, 2017

-or-

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

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: 3

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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
1444 W. GARVEY AVENUE SOUTH		WEST COVINA	CA	91790

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
[REDACTED]	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 the foregoing is true and correct.

Date Signed March 5, 2018

Signature [REDACTED]

(month, day, year)

(File the original signed statement with your filing.)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
LLOYD JOHNSON

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
YUNNAN CITY GOVERNMENT
 ADDRESS (Business Address Acceptable)

 CITY AND STATE
KUNMING CITY CHINA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
SINO - CHINA, CITIES BUSINESS FORM
 DATE(S): 6 / 11 / 17 - 6 / 14 / 17 AMT: \$ 1,700.00
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____
KUNMING CITY, CHINA

▶ NAME OF SOURCE (Not an Acronym)
MEIHEKA CHINA GOVERNMENT
 ADDRESS (Business Address Acceptable)

 CITY AND STATE
MEIHEKA CITY, SILIN PROVINCE CHINA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
OFFICIAL CITY VISIT
 DATE(S): 6 / 14 / 17 - 6 / 18 / 17 AMT: \$ 900.00
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____
MEIHEKA CITY, CHINA

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): _____ AMT: \$ _____
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): _____ AMT: \$ _____
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

Comments: _____

RECEIVED
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 2018 MAR 33 AM 9:58
 SCHEDULE D
 Income - Gifts

CITY OF WEST COVINA
 CITY CLERK'S OFFICE

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Lloyd Johnson

▶ NAME OF SOURCE (Not an Acronym)
 Allamed Health Services Corp
 ADDRESS (Business Address Acceptable)
 2077 Pennfield Ave Los Angeles Ca 90040
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Health Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/10/17	\$36954	Food & Wine Festival
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments:

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

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

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)
818 W. SEVENTH STREET, 12TH FLOOR
LOS ANGELES, CA 90017