

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
FORM  
**460**

COVER PAGE

Page 1 of 4

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 7/1  
through 10/5

Date of election if applicable:  
(Month, Day, Year)  
Nov 2 / 2010

**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
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 6)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

**2. Type of Statement:**

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

I.D. NUMBER

Elizabeth Hallen Campaign

**Treasurer(s)**

NAME OF TREASURER

Mykes Hallen

STREET ADDRESS (NO P.O. BOX)

3447 Lake Tahoe Blvd # Box 7

CITY

South Lake Tahoe

STATE

CA

AREA CODE/PHONE

9150 530 541 4823

MAILING ADDRESS

3447 Lake Tahoe Blvd #7

CITY

SLT

STATE

CA

AREA CODE/PHONE

9150 530 314 1581

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 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 10/5 Date

Executed on 10/5 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in Ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Elizabeth Hallen

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE):  
South Lake Tahoe City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
3541 April Drive South Lake Tahoe 96150

**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 |
|----------------|-------------|
| <u>N/A</u>     |             |

  

| 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. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION  SUPPORT  OPOSE

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 Candidate/Officeholder 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"/> OPOSE |
|-----------------------------------|-----------------------|---|
|                                   |                       |   |
|                                   |                       |   |
|                                   |                       |   |

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 7/1  
through 12/15

Page 2 of 4

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

ELIZABETH HALLEN

## Contributions Received

|                                       | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------------|--|--|
| 1. Monetary Contributions .....       | Schedule A, Line 3 \$ <u>1550.00</u>                       | \$ <u>1550.00</u>                          |
| 2. Loans Received .....               | Schedule B, Line 3 \$ <u>0</u>                             | \$   |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....  | Add Lines 1 + 2 \$ <u>1550</u>                             | \$   |
| 4. Nonmonetary Contributions .....    | Schedule C, Line 3 \$                                      | \$   |
| 5. TOTAL CONTRIBUTIONS RECEIVED ..... | Add Lines 3 + 4 \$   | \$   |

## Expenditures Made

|  |                                      |                        |
|--|--------------------------------------|------------------------|
| 6. Payments Made .....                   | Schedule E, Line 4 \$ <u>1534.00</u> | cmps \$ <u>1534.00</u> |
| 7. Loans Made .....                      | Schedule H, Line 3 \$ <u>0.00</u>    | \$                     |
| 8. SUBTOTAL CASH PAYMENTS .....          | Add Lines 6 + 7 \$                   | \$                     |
| 9. Accrued Expenses (Unpaid Bills) ..... | Schedule F, Line 3 \$ <u>0.00</u>    | \$                     |
| 10. Nonmonetary Adjustment .....         | Schedule G, Line 3 \$                | \$                     |
| 11. TOTAL EXPENDITURES MADE .....        | Add Lines 8 + 9 + 10 \$              | \$                     |

## Current Cash Statement

|   |   |  |
|---|---|--|
| 12. Beginning Cash Balance .....          | Previous Summary Page, Line 16 \$ <u>1550</u>                 |  |
| 13. Cash Receipts .....                   | Column A, Line 3 above \$ <u>0.00</u>                         |  |
| 14. Miscellaneous Increases to Cash ..... | Schedule I, Line 4 \$ <u>0.00</u>                             |  |
| 15. Cash Payments .....                   | Column A, Line 8 above \$ <u>1534</u>                         |  |
| 16. ENDING CASH BALANCE .....             | Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>16.00</u> |  |

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

## LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

|                             |   |
|-----------------------------|---|
| 18. Cash Equivalents .....  | See instructions on reverse \$ <u>0</u>           |
| 19. Outstanding Debts ..... | Add Line 2 + Line 9 in Column B above \$ <u>0</u> |

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

|                            |                                    |                         |
|----------------------------|------------------------------------|-------------------------|
| 20. Contributions Received | 1/1 through 6/30 \$ <u>1550.00</u> | 7/1 to Date \$ <u>0</u> |
| 21. Expenditures Made      | \$ <u>1534.00</u>                  | \$ <u>1534.00</u>       |

## Expenditure Limit Summary for State Candidates

|   |  |                                 |
|---|--|---------------------------------|
| 22. Cumulative Expenditures Made*<br>(Subject to Voluntary Expenditure Limit) | Date of Election (mm/dd/yy) <u>11/2/10</u> | Total to Date \$ <u>1550.00</u> |
|   |  | \$ <u>0</u>                     |

\*Amounts in this section may be different from amounts reported in Column B.

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).

# Schedule A Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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NAME OF FILER Elizabeth Hallen

I.D. NUMBER

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER ID 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) |
|--------------------|---|---|--|-----------------------------|---|------------------------------------|
| 9/25               | City of Angels Holding Company<br>989 3rd street SLT, CA 91450                                | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  | \$1550.00                   | \$1550.00   | \$1550.00                          |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |   |                                    |
| <b>SUBTOTAL \$</b> |   |   |  |                             |   |                                    |

- Schedule A Summary**
- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1550.00
  - Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ \_\_\_\_\_
  - Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1550.00

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee  
 (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee