

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from Aug 20, 2010 through Oct 5, 2010

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

CITY CLERK'S OFFICE OF SOUTH LAKE TAHOE

OCT - 5 2010

For Official Use Only

CALIFORNIA FORM 460

COVER PAGE

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 Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

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) Steve Ruby for city council 2010

Treasurer(s)

NAME OF TREASURER Jen Chiavetta

STREET ADDRESS (NO P.O. BOX) 2910 Oakland Ave
 CITY South Lake Tahoe CA STATE CA ZIP CODE 96151 AREA CODE/PHONE (415) 830-6070
 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P.O. Box 18591
 CITY South Lake Tahoe CA STATE CA ZIP CODE 96151 AREA CODE/PHONE 916151
 OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS 1419 Edgerbrook Drive
 CITY Modesto STATE CA ZIP CODE 95354 AREA CODE/PHONE (209) 380-4553
 NAME OF ASSISTANT TREASURER, IF ANY
 MAILING 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 Oct. 5, 2010 Date
 Executed on Oct. 5, 2010 Date
 Executed on _____ Date
 Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent
 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

STEVE KURBY

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2940 OAKLAND AVE SOUTH LAKE TAHOE CA 96151

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?

YES 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?

YES 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
 OPPOSE

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

STEVE KURBY

CITY COUNCIL

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT
 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 Aug 20, 2010
through Oct 5, 2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
STEVE KUBBY for city council 2010

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 1,868.00	\$ 1,868.00
2. Loans Received	Schedule B, Line 3 \$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1,868.00	\$ 1,868.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 852.94	\$ 852.94
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 2,720.94	\$ 2,720.94

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 1,334.29	\$ 1,334.29
7. Loans Made	Schedule H, Line 3 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1,334.29	\$ 1,334.29
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 1,334.29	\$ 1,334.29

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 0.00	
13. Cash Receipts	Column A, Line 3 above \$ 1,868.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0	
15. Cash Payments	Column A, Line 8 above \$ 1,334.29	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 554.71	

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts

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).

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

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

21. Expenditures Made
\$ _____ \$ _____

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

_____/_____/_____ \$ _____

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

Schedule A
Monetary Contributions Received

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

Statement covers period
from Aug 20, 2010
through Oct 5, 2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Steve Kuby for city Council 2010

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (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)
Sept. 3 2010	Gino Di Matteo 909 3rd Street 94150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Angels collective	1,000.00	1,000	
Sept 14 2010	Libertarian Party of California 14547 Titus St. Suite 214 PaloVerma city 94102-4935	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
SUBTOTAL \$					<u>1500.00</u>	

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(Include all Schedule A subtotals.) \$ 1506.00
~~343.00~~
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 1843.00
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1843.00

*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

Schedule C
Nonmonetary Contributions Received

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

STATEMENT OF CONTRIBUTIONS RECEIVED

Statement covers period from Aug 22, 2012 through Oct 5, 2012

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Steve Kuby for City Council 2010

I.D. NUMBER

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Sept 11 2010	Matt Triglia 2314 Laketahoe Blvd Southlake, TX 76150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Patient to Patient collective	B&B Supplies	852.94	852.94	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$						852.94	

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 852.94
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0.00
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 852.94

*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

**Schedule E
Payments Made**

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

Statement covers period
from Aug 10, 2010
through Oct 5, 2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Steve Ruby for City Council 2010

I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CNP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- FND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RPD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
AMP Innovations LLC 220 James Ave, Dayton NV 89403	EMP		signs and bumper stickers	1,000
SUBTOTAL \$ 1,000.00				

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,000.00
2. Unitemized payments made this period of under \$100 \$ 234.29
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1334.29

Schedule I Miscellaneous Increases to Cash

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

Statement covers period
from Aug 10, 2010
through 08/5, 2010

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Steve Kubby for City Council 2010

I.D. NUMBER

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL \$ 0

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

1. Itemized increases to cash this period. \$ 0
2. Unitemized increases to cash of under \$100 this period. \$ 0
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$ 0