

**Recipient Committee Campaign Statement Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

EE INSTRUCTIONS ON REVERSE

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

Statement covers period  
 from 07/01/10 through 09/30/10

Date of election if applicable:  
 (Month, Day, Year)  
 11/02/10

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

Date Stamp  
**RECEIVED**  
 OCT - 4 2010  
 CITY CLERK'S OFFICE  
 CITY OF SOUTH LAKE TAHOE

CALIFORNIA  
 2001/02  
**460**  
 FORM

Page 1 of 7  
 For Official Use Only

**Committee Information** I.D. NUMBER 1330743

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
 Swanson for City Council 2010, Friends of Angela

STREET ADDRESS (NO P.O. BOX)  
 1598 Jackson Ct.  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 South Lake Tahoe CA 96150 530-542-1700

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
 PO Box 13603  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 South Lake Tahoe CA 96151

OPTIONAL: FAX / E-MAIL ADDRESS  
 angelaswanson@sbcglobal.net

**Treasurer(s)**

NAME OF TREASURER  
 W. Karsen Garrett CPA  
 MAILING ADDRESS  
 2264 Lake Tahoe Blvd Ste 9  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 South Lake Tahoe CA 96151 530-542-1366

NAME OF ASSISTANT TREASURER, IF ANY  
 MAILING ADDRESS  
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**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 10/4/10 Date  
 Executed on 10/4/10 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Treasurer or Assistant Treasurer  
 By \_\_\_\_\_ Signature of Controlling Officer/Officeholder, Candidate, State Measure Proposer or Responsible Officer of Sponsor  
 By \_\_\_\_\_ Signature of Controlling Officer/Officeholder, Candidate, State Measure Proposer  
 By \_\_\_\_\_ Signature of Controlling Officer/Officeholder, Candidate, State Measure Proposer

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

Type or print in ink.

**6. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Angela Swanson

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1598 Jackson Court South Lake Tahoe, CA 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
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	
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	
CITY STATE ZIP CODE AREA CODE/PHONE	

CITY STATE ZIP CODE AREA CODE/PHONE

**7. Primarily Formed Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> 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 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
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.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 07/01/10 through 09/30/10  
 Page 3 of 7  
 I.D. NUMBER 1330743

NAME OF FILER Swanson for City Council 2010, Friends of Angela

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions	Schedule A, Line 3 3174.00	\$
Loans Received	Schedule B, Line 3 1000.00	\$
<b>SUBTOTAL CASH CONTRIBUTIONS</b>	Add Lines 1 + 2 4174.00	\$
Nonmonetary Contributions	Schedule C, Line 3 0	\$
<b>TOTAL CONTRIBUTIONS RECEIVED</b>	Add Lines 3 + 4 4174.00	\$

**Expenditures Made**

Payments Made	Schedule E, Line 4 200.00	\$
Loans Made	Schedule H, Line 3 0	\$
<b>SUBTOTAL CASH PAYMENTS</b>	Add Lines 6 + 7 200.00	\$
Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	\$
Nonmonetary Adjustment	Schedule C, Line 3 0	\$
<b>TOTAL EXPENDITURES MADE</b>	Add Lines 8 + 9 + 10 200.00	\$

**Current Cash Statement**

2. Beginning Cash Balance	Previous Summary Page, Line 16 0	\$
3. Cash Receipts	Column A, Line 3 above 4174.00	\$
4. Miscellaneous Increases to Cash	Schedule I, Line 4 0	\$
5. Cash Payments	Column A, Line 8 above 200.00	\$
<b>5. ENDING CASH BALANCE</b>	Add Lines 12 + 13 + 14, then subtract Line 15 3974.00	\$

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

**7. LOAN GUARANTEES RECEIVED**

Schedule B, Part 2	\$	0
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**Cash Equivalents and Outstanding Debts**

8. Cash Equivalents	See instructions on reverse	\$	0
9. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	0

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

1/1 through 6/30      7/1 to Date

20. Contributions Received \$ \_\_\_\_\_ \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

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).

\*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

# SCHEDULE A chedule A lonetary Contributions Received

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

Statement covers period  
from 07/01/10  
through 09/30/10

**CALIFORNIA  
FORM 460**

I.D. NUMBER  
1330743

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NAME OF FILTER  
Swanson for City Council 2010, Friends of Angela

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/10/10	Angela Swanson 1598 Jackson Ct. So. Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School Facility Planner	250.00		
08/15/10	Jerry Birdwell 1202 Ski Run Blvd. So. Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney/Biz Owner	250.00		
08/14/10	Wendy David PO Box 13070 So. Lake Tahoe, CA 96151	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00		
08/11/10	Nancy Rollston 1668 Skyline Dr. So. Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
08/26/10	David Kurtzman PO Box 14269 So. Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired/Realtor	200.00		
<b>SUBTOTAL \$</b>				<b>1300.00</b>		

## chedule A Summary

Amount received this period - contributions of \$100 or more. 1800.00  
(Include all Schedule A subtotals.) ..... \$ 2374.00

Amount received this period - unitemized contributions of less than \$100 ..... \$ 4174.00

Total monetary contributions received this period. **TOTAL \$** 4174.00  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

Statement covers period  
from 07/01/10  
through 09/30/10

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**CALIFORNIA  
FORM  
460**

SCHEDULE A (CONT)

NAME OF FILER: Swanson for City Council 2010, Friends of Angela  
I.D. NUMBER: 1330743

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TODATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TODATE <small>(IF REQUIRED)</small>
08/31/10	Paul Brusco PO Box 55088 So. Lake Tahoe, CA 96155	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Biz Owner/Ernie's Coffee Shop	100.00		
9/27/10	Larry Green 2725 Hank Monk Ave. So. Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lake Tahoe Community College Teacher	100.00		
9/27/10	Madonna Smith-Doyle 2074 Lake Tahoe Blvd, Ste. 9 So. Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse	100.00		
9/27/10	Robert Henderson PO Box 9912 So. Lake Tahoe, CA 96158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
9/27/10	Doug Rosner PO Box 9012 So. Lake Tahoe, CA 96158	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Broker	100.00		
<b>SUBTOTAL \$</b>				500.00		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

**Schedule B - Part 1  
Loans Received**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Swanson for City Council 2010, Friends of Angela

Statement covers period  
from 07/01/10 through 09/30/10

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I.D. NUMBER 1330743



FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER ID NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
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Angela Swanson 598 Jackson Ct. 30. Lake Tahoe, CA 96150	School Facility Planner	\$ 0	\$ 1000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1000.00 DATE DUE 11/30/2010	0 % RATE	\$ 1000.00 DATE INCURRED	CALENDAR YEAR 0 PER ELECTION**
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<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
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<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
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SUBTOTALS \$ 1000.00 \$ 1000.00

(Enter (e) on  
Schedule E, Line 3.)

**Schedule B Summary**

Loans received this period ..... \$ 1000.00  
 (Total Column (b) plus unitemized loans less than \$100.)

Loans paid or forgiven this period ..... \$ 0  
 (Total Column (c) plus loans under \$100 paid or forgiven.)  
 (Include loans paid by a third party that are also itemized on Schedule A.)

Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$ 1000.00**  
 Enter the net here and on the Summary Page, Column A, Line 2. (May Be a Negative Number)

\*Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.  
\*\* If required.

Contributor Codes  
 IND - Individual    COM - Recipient Committee (other than PTY or SCC)    OTH - Other    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 07/01/10  
through 09/30/10

CALIFORNIA  
FORM  
**460**

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Swanson for City Council 2010, Friends of Angela

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I.D. NUMBER  
1330743

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

- MP campaign paraphernalia/misc.
- NS campaign consultants
- TB contribution (explain nonmonetary)\*
- VC civic donations
- L candidate filing/ballot fees
- ND fundraising events
- ID independent expenditure supporting/opposing others (explain)\*
- EG legal defense
- T 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 tv 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
Tahoe Mountain News P.O. Box 8974 So. Lake Tahoe, CA 96158	PRT		Newspaper Ad Placement	\$200.00
<b>SUBTOTAL \$</b>				<b>200.00</b>

**Schedule E Summary**

Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 200.00

Unitemized payments made this period of under \$100 ..... \$ 0

Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0

Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 200.00**