

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

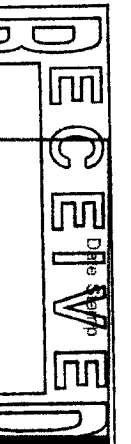
- Officeholder, Candidate Controlled Committee
- Ballot Measure Committee
- State Candidate Election Committee
- Primarily Formed
- Recall
- Controlled
- Sponsored
- Sponsoring
- General Purpose Committee
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee

Statement covers period
from 10/1/2010
through 10/15/2010

Date of election if applicable:
(Month, Day, Year)
11/02/2010

CITY CLERK'S OFFICE
CITY OF SOUTH LAKE TAHOE

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CALIFORNIA
2001/02
FORM
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COVER PAGE

Committee Information

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

I.D. NUMBER
1330743

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 10-19-10

Executed on 10-19-10

Executed on

Executed on

By *W. Karsen Garrett* Signature of Treasurer or Assistant Treasurer

By *Angela Swanson* Signature of Controlling Officer, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officer, Candidate, State Measure Proponent

By Signature of Controlling Officer, 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
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	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

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

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

NAME OF FILER

Swanson for City Council 2010, Friends of Angela

Statement covers period from 10/1/2010 through 10/15/2010	CALIFORNIA FORM 460
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SUMMARY PAGE

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions	Schedule A, Line 3 1189.00	4363.00
Loans Received	Schedule B, Line 3 0	1000.00
SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 1189.00	5363.00
Nonmonetary Contributions	Schedule C, Line 3 0	0
TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 1189.00	5363.00

Expenditures Made

Payments Made	Schedule E, Line 4 3522.95	3722.95
Loans Made	Schedule H, Line 3 0	0
SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 3522.95	3722.95
Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
Nonmonetary Adjustment	Schedule G, Line 3 0	0
TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 3522.95	3722.95

Current Cash Statement

2. Beginning Cash Balance	Previous Summary Page, Line 16 3974.00	
3. Cash Receipts	Column A, Line 3 above 1189.00	
4. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
5. Cash Payments	Column A, Line 8 above 3522.95	
3. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 1640.05	

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

7. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

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

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* (If Subject to Voluntary Expenditure Limit)
Date of Election (mm/dd/yy) Total to Date

/\$	\$
/\$	\$
/\$	\$
/\$	\$
/\$	\$

*Since January 1, 2001, 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.

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SCHEDULE A

Statement covers period
from 10/1/2010
through 10/15/2010

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1330743

E INSTRUCTIONS ON REVERSE

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

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED 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)	PERELECTION TO DATE (IF REQUIRED)
10/1/2010	James Tarwater 1528 Chippewa St. 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	LTUSD Superintendent	\$250		
10/1/2010	Deann Clancy 1956 Montgomery Ave. Villanova, PA 19085	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	retired	\$250		
				SUBTOTAL \$	500.00	

check A Summary

Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 500.00

Amount received this period – unitemized contributions of less than \$100 \$ 689.00

Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1189.00

*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.

Statement covers period
from 10/1/2010
through 10/15/2010

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Swanson for City Council 2010, Friends of Angela

I.D. NUMBER
1330743

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

Schedule B Summary

Loans received this period \$ 0
 (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 \$ 0**
 Enter the net here and on the Summary Page, Column A, Line 2.

* 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
 FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/1/2010
through 10/15/2010

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

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
- D independent expenditure supporting/opposing others (explain)*
- EG legal defense
- T campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- FET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- FRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lake Tahoe News PO Box 13406 So. Lake Tahoe, CA 96151			Online News Ad Placement	400.00
Tahoe Mountain News PO Box 8974 So. Lake Tahoe, CA 96158	PRT		Newspaper Ad	200.00
CA Voters Guide 1954 W. Carson St. Ste. B Torrance, CA 90501	CMP			250.00
SUBTOTAL \$				850.00

Schedule E Summary

Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 3472.07

Unitemized payments made this period of under \$100 \$ 50.88

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 \$ 3522.95**

**Schedule E
Continuation Sheet)
Payments Made**

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 10/1/2010 through 10/15/2010	CALIFORNIA FORM 460
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ODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- VP campaign paraphernalia/misc.
- NS campaign consultants
- TB contribution (explain nonmonetary)*
- VC civic donations
- L candidate filing/ballot fees
- ND fundraising events
- D independent expenditure supporting/opposing others (explain)*
- EG legal defense
- T campaign literature and mailings
- MER 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
- RFD 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
Sierra Office & Supply 3950 Horn Road, Ste. 5 Sacramento, CA 95827	LIT		Mailer, Printing & Postage	2422.07
-ake Tahoe Education Foundation Post Office Box 14387 South Lake Tahoe, CA 96151	RAD		Gift Certificate for Radio Ads	200.00

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

SUBTOTAL \$ 2622.07