

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Statement covers period from <u>October 17, 2010</u> through <u>December 31, 2010</u>	Date of election if applicable: (Month, Day, Year) <u>November 2, 2010</u>	RECEIVED City Clerk's Office <u>JAN 31 2011</u> CITY CLERK'S OFFICE CITY OF SOUTH LAKE TAHOE	CALIFORNIA FORM 460 Page <u>1</u> of <u>9</u> For Official Use Only
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SEE 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
- 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)
COMMITTEE TO ELECT CLAIRE FORTIER
City Council, 2010

Treasurer(s)

NAME OF TREASURER
Shawn Cullen
MAILING ADDRESS
2161 Albert Street

STREET ADDRESS (NO P.O. BOX)
775 Colorado Avenue
CITY South Lake Tahoe STATE CA ZIP CODE 96150 AREA CODE/PHONE 530-542-2920
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY South Lake Tahoe STATE CA ZIP CODE 96150 AREA CODE/PHONE 530-543-0754
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

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 01/28/2011
Date

By Shawn Cullen
Signature of Treasurer or Assistant Treasurer

Executed on 01/28/2011
Date

By _____
Signature of Controlling Officer or Candidate State Measure Proponent or Responsible Officer of Sponsor

Executed on _____
Date

By _____
Signature of Controlling Officer or Candidate State Measure Proponent

Executed on _____
Date

By _____
Signature of Controlling Officer or 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
CLAIRE FORTIER

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

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP
775 Colorado Avenue 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	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 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	<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.

STATEMENT PERIOD
 from October 17, 2010 through December 31, 2010

CALIFORNIA FORM **460**

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I.D. NUMBER
1332821

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Committee to Elect Clave For the 1st Annual 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 \$ 8250.00	\$ 17295.00
2. Loans Received	Schedule B, Line 3	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 8250.00	\$ 17295.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 3295.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 8250.00	\$ 20590.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 9639.20	\$ 15354.22
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 9639.20	\$ 15354.22
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule G, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 9639.20	\$ 15354.22

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 3329.98
13. Cash Receipts	Column A, Line 3 above	\$ 8250.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 9639.20
15. Cash Payments	Column A, Line 8 above	\$ 1940.78
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1940.78

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$
18. Cash Equivalents	See instructions on reverse	\$
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$

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
	/ /	\$

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
to whole dollars.

Statement covers period
from October 17, 2010
through December 31, 2010

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee To Elect Claire Fortier City Council 2010

ID NUMBER
1332821

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER 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 TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/20/2010	Reds Regan P O Box 7166 Stateline, NV 89449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Artist	250.00	250.00	
10/20/2010	Tahoe Kokanee, LLC 2311 Lake Tahoe Blvd. Ste 1 South Lake Tahoe, CA 96150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	
10/20/2010	Patricia T. Miller P O Box 7462 South 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	100.00	
10/20/2010	Don R. Dailey Trustee P O Box 5458 Stateline, NV 89449-5458	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Limousine Service	100.00	350.00	
10/20/2010	Kathy Lovell 2077 Marconi Way South Lake Tahoe, CA 96150-6638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elected Official	100.00	100.00	
SUBTOTAL \$				850.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 7775.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 475.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*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 A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from October 17, 2010
through December 31, 2010

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**CALLIFORNIA
FORM
460**

SCHEDULE A (CONT.)

NAME OF FILER

Committee To Elect Claire Fortier City Council 2010

I.D. NUMBER
1332821

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 TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/20/2010	David S. Kurtzman P O Box 14296 South 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	Self Employed Realtor	100.00	100.00	
10/20/2010	Maria A. Pietlaet 775 Colorado Ave. South 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	Doctor	300.00	1100.00	
10/20/2010	Inn by the Lake 3300 Lake Tahoe Blvd. South Lake Tahoe, CA 96150	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
10/27/2010	Northern California Carpenters Regional Council 265 Hegenberger Rd. Suite 200 Oakland, CA 94621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		100.00	100.00	
10/28/2010	South Lake Tahoe Lodging Association P O Box 5746 South Lake Tahoe, CA 96157	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5000.00	5000.00	
SUBTOTAL \$				5600.00		

*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 A (Continuation Sheet) Monetary Contributions Received

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

Statement covers period
from October 17, 2010
through December 31, 2010

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NAME OF FILER

Committee to Elect Claire Fortier City Council 2010

ID NUMBER
1332821

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTER ID 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 TO DATE CALENDAR YEAR <small>(JAN 1 - DEC 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
11/2/2010	Committee to Elect Jerry R. Birdwell 1202 Ski Run Blvd South Lake Tahoe, CA 96150	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		825.00	825.00	
11/2/2010	Jessica L. Ledbetter 575 State Route 88 Gardnerville, NV 89460-7521	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Woman	500.00	500.00	
SUBTOTAL \$				1325.00		

*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 E
Payments Made**

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

Statement covers period
from October 17, 2010
through December 31, 2010
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Committee To Elect Claire Fortier City Council 2010 ID NUMBER 1332821

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

- MP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT 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
- RFD 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 D NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lake Tahoe Educational Foundation 1021 Al Tahoe Blvd. South Lake Tahoe, CA 96150	FND			325.00
KOWL P O Box 11101 Zephyr Cove, NV 89448	RAD			700.00
Tahoe Daily Tribune 3079 Harrison Ave. South Lake Tahoe, CA 96150	PRT			3181.37
SUBTOTAL \$				4206.37

* 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.) \$ 9232.58
2. Unitemized payments made this period of under \$100 \$ 406.62
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 \$** 9639.20

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT)

Statement covers period from <u>October 17, 2010</u> through <u>December 31, 2010</u>	CALIFORNIA FORM 460
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I.D. NUMBER 1332821	

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee To Elect Claire Fortier City Council 2010

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

- | | | |
|--|--|--|
| CMF campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KTHO 900 SKI Run Blvd. South Lake Tahoe, CA 96150	RAD			300.00
Tahoe Business Monitor 685 San Francisco St. South Lake Tahoe, CA 96150	PRT			120.00
Apres Wine Company 3668 Lake Tahoe Blvd. Suite G South Lake Tahoe, CA 96150	MTG			706.21
Alex Alexaesser 1202 Ski Run Blvd South Lake Tahoe, CA 96150	FND			1450.00
Pam Ross 2301 Oregon Ave. South Lake Tahoe, CA 96150	PHO			500.00

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

SUBTOTAL \$ 3076.21

**Schedule E
(Continuation Sheet)
Payments Made**

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

SCHEDULE E (CONT)

**CALIFORNIA
FORM 460**

Statement covers period
from October 17, 2010
through December 31, 2010

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Claire Fortier City Council 2010

I.D. NUMBER
1332821

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- ND 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
- RFD 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
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE <small>(IF COMMITTEE ALSO ENTER I.D. NUMBER)</small>	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Substitute Personnel & Business Services 2572 Lake Tahoe Blvd, Suite 2 South Lake Tahoe, CA 96150	SAL			1200.00
Lake Tahoe Media Group 1626 Plateau Circle South Lake Tahoe, CA 96150	LIT			500.00
Claire's Cuisine P O Box 14161 South Lake Tahoe, CA 96151	FND			250.00
SUBTOTAL \$				1950.00

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