Recipient Committee	Type or arint in ink		Date Stamn	COVERPAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)			ORNA 2001/02 FORM	702 460 RM
	Statement covers period from 10/17/10	Date of election if applicable: JAN 3 1 201	Page	1 of 469 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/10	11/02/2010 CITY CLERK	3 OF	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	s Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee	Ballot Measure Committee OPrimarily Formed	☐ Preelection Statement ★ Semi-annual Statement	☐ Quarterly Statement ☐ Special Odd-Year Report	ent · Report
(Also Complete Part 5)	Controlled Sponsored Sponsored		Supplemental Preelection Statement - Attach Form 495	h Form 495
General Purpose Committee	Primarily Formed Candidate/			
 Small Contributor Committee Political Party/Central Committee 				
3. Committee Information	1.D NUMBER 1330743	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	TIEE)	NAME OF TREASURER		AND THE PERSONNELS AND THE PERSO
Swanson for City Council, Friends of Angela	ū	W. Karsen Garrett CPA		
		MAILING ADDRESS 2264 Lake Tahoe Blvd. Ste 9		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CODE	AREA CODE/PHONE
8Jackson Ct.		South Lake Tahoe	CA 96151	530-542-1366
South Lake Tahoe CA 9	ZIP CODE AREA CODE/PHONE 96150 530-542-1700	NAME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	P.O. BOX	MAILING ADDRESS	Marie de la companya	Market and complete an Order Transmitter of the Article of Complete States of the Article of the
PO Box 13603				
South Lake Tahoe CA 9	ZIP CODE AREA CODE/PHONE 96151	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL FAX / E-MAIL ADDRESS		
angelaswanson@sbcglobal.net				
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 pri	Executed on	Executed on	Executed on
Date	Date	1/31/11 Date	1/31/11 Date
Ву	Ву	By Manual Signature Control	By College
Signature of Controlling Officeholder Centilidate State Measure Proponent	Signature of Controlling Omcanoider, Candinate State Measure Proponent	ualing Chiceholder Caudidate State William Propor	Signary of Prasticar or Assistant Tro
	Measure Proponent	ent or Responsible Chican of Sporte or	t Tropsurer
EPPC Form 460 (June/0			

Page ___

	ttach continuation sheets if necessary	Attach continuation	CITY STATE ZIP CODE AREA CODE/PHONE
			COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF TREASURER CONTROLLED COMMITTEE? THE STATE OF TH
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	COMMITTEE NAME I D NIMBER
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE	WITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
didate(s) for	ames of officeholder(s) or can	7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	NAME OF TREASURER CONTROLLED COMMITTEE? YES \(\text{\tiny{\text{\tinx{\text{\tex{\tex
WARREST PROMITERAL APPROPRIATE AND ARREST PROMITERAL APPROPRIATE AND ARRES			COMMITTEE NAME
ANY	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	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.
	PONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	POOR CASASON COURT COURT LAKE LAILE, OF SOLOD
ponent, if any.	officeholder, candidate, or state measure proponent, if any.	identify the controlling officeholder, cano	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
OPPOSE			City Council Member of South Lake Tahoe
SUPPORT		BALLOTNO, ORLETTER JURISDICTION	Angela Swanson OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
• The constitution and the first state of the second state of the		NAME OF BALLOT MEASURE	NAME OF OFFICEHOLDER OR CANDIDATE
		6. Ballot Measure Committee	5. Officeholder or Candidate Controlled Committee

Campaign Disclosure Statement Summary Page

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

Statement covers period

SUMMARY PAGE

FPPC Toll-Free Helpline: 866/ASK-FPPC			
FPPC Form 460 (June/01)		s0	19. Outstanding Debts Add Line 2 + Line 9 in Column & above
direient rom amounts reported in Column 6.	from Lines 2, 7, and 9 (if any)	\$ 0	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse
Since January 1, 2001. Amounts in this section may be	for this calendar year, only carry over the amounts	\$ 0	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
\$	subtracted from previous period amounts. If this is		If this is a termination statement. Line 16 must be zero.
\$	figures that should be	\$ 592.15	ALANCE Add Lines 12 + 13 + 1
*************************************	report. Some amounts in	9871.90	Colur
A	corresponding amounts	First of the control	14. Miscellaneous Increases to Cash Schedule Line 4
\$	To calculate Column B, add	8824.00	i palance Previous
\$		1640 05	Statement
Antiques of manufactures of manufactures and manufactures of m			
	\$ 13594.85	s 9871.90	11. TOTAL EXPENDITURES MADE
	0	0	10. Nonmonetary Adjustment Schedule C, Line 3
Date of Election Total to Date	0	0	9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3
22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)	\$ 13594.85	\$ 9871.90	8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
	1000.00	1000.00	7. Loans Made Schedule H, Line 3
Expenditure Limit Summary for State Candidates	s 12594.85	8871.90	Expenditures Made 6. Payments Made Schedule E. Line 4
Made \$ \$	\$ 14187.00	s <u>8824.00</u>	5. TOTAL CONTRIBUTIONS RECEIVED
Tes			4. Nonmonetary Contributions Schedule C Line 3
20. Contributions Received S S	\$ 14187.00	\$ 8824,00	3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2
1/1 through 6/30 7/1 to Date	1000,00	0	
General Elections	\$ 13187.00	\$ 8824.00	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates Running in Both the State Primary and	Column B CALENDAR YEAR TOTAL TO DATE	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEOULES)	Contributions Received
1330743			Swanson for City Council 2010, Friends of Angela
(D. NICKED)			NAME OF FILER
12/31/10 Page 3 of 107	through -		SEE INSTRUCTIONS ON REVERSE
10/17/10 FORM	from		

Schedule A Monetary Co

Type or print in ink.

Amounts may be rounded

SCHEDULE A

		\$5400	SUBTOTAL\$	egy mej dikanggan di periodi di dikanja manggan di periodi periodi periodi periodi periodi periodi periodi per		
		\$5000		DIND COM PTY SCC	So. Tahoe Lodging Assoc. PO Box 5746 So. Lake Tahoe, CA 96157	10/26/10
		\$100		OSCC SCC	Judy Cias 2740 16th St. Sacramento, CA 95818	10/20/10
		\$100		MIND COM OTH SCC	Cynthia Bashdikian PO Box 8925 So. Lake Tahoe, Ca 96158	10/20/10
		\$100	teacher, LTUSD	MIND COM OTH PTY	JA Butler 2521 Cold Creek Trail South Lake Tahoe, CA 96150	10/20/10
		\$100		IND COM PTY PTY	Inn By the Lake 3300 Lake Tahoe Blvd. So. Lake Tahoe, CA 96150	10/20/10
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN: 1 · DEC, 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE ALSO ENTERED NUMBER)	DATE RECEIVED
I.D. NUMBER 1330743	I.D. NUMBI 1330743				AME OF FILER Swanson for City Council 2010, Friends of Angela	NAME OF FILER Swanson for
e 4 of 1807	12/31/10 Page	through 12/3			NS ON REVERSE	SEE INSTRUCTIONS ON REVERSE
FORM 460	num arrange	from 10/17/10	to whole dollars.	to	Monetary Contributions Received	Monetary (

Schedule A Summary

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	2. Amount received this period – unitemized contributions of less than \$100\$	1. Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.) \$\$
8824	399	8425
SCC-Sm	07H - 01	IND Indi COM Re

*Contributor Codes ndividual
Recipient Committee
(other than PTY or SCC)
Other nall Contributor Committee

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

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.

SCHEDULE A (CONT.)

		\$ \$3025	SUBTOTAL \$			
		\$1500		DSCC PTY OTH HCOM	Park PAC 1300 Buckeye RD. Suite A Minden, NV 89423	11/1/10
		\$825		SCC PTY OTH OTH OTH OTH OTH OTH OTH OTH OTH OTH	Committee to Elect Jerry Birdwell 1202 Ski Run Blvd. South Lake Tahoe, CA 96150	10/27/10
		\$500		DSCC THOTH COM DIVID	Lake Tahoe Gaming Alliance PO Box C Stateline, NV 89449	10/27/10
		\$100		SCC SOC	No. C A Carpenters Regional Council 265 Hegenberger Rd. Suite #200 Oakland, CA 94621	10/27/10
		\$100	attorney	SCC COM DOTH DOTH DPTY	Theadore Long 2498 Kubel Ave. So. Lake Tahoe, CA 96150	10/27/10
TODATE PER ELECTION YEAR TODATE *C. 31) (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF EMPLOYED BYTEKNAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	DATE RECEIVED
1.0. NUMBER 1330743					AME OF FILER Swanson for City Council 2010, Friends of Angela	Swanson to
Page 5 of ALC	12/31/10	through 12				
CALIFORNIA 460	covers period 10/17/10	Statement covers period from 10/17/10	ollars.	Amounts may be rounded to whole dollars.	Monetary Contributions Received	Monetary

*Contributor Codes

IND -- Individual
COM -- Recipient Committee
(ofther than PTY or SCC)
OTH -- Ofther
PTY -- Political Party
SCC -- Small Contributor Committee

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		To the second of the second	1				SCHE	SCHEDULE B - PART 1
Schedule B – Part 1 Loans Received	Amo	Amounts may be rounded to whole dollars.	unded 3.	-	Statement covers period from 10/17/10	covers period 10/17/10	CALIFORNIA FORM	^ 460
SEE INSTRUCTIONS ON REVERSE				-	through1	12/31/10	Page 6	Pat to
NAME OF FILER	gerich vande dem entschapp gegen gewande gebeutsteren gregor zem zo date, despite de mais vande skalen et en s		AND THE PROPERTY OF THE PROPER			percentida e planete all'illandica per e commenta appropriate dell'accessor dell'acces	I.D. NUMBER	
Swanson for City Council 2010, Friends of Angela	of Angela						1330743	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER IF COMMITTEE, AI SO ENTEP I D NUMBERI	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OF SELF EMPLOYED ENTER NAME OF BUSINESS;	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AIMOUNT 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	(9) CUMULATIVE CONTRIBUTIONS TODATE
Angela Swanson 1598 Jackson Ct. So. Lake Tahoe, CA 96150	School Facility Planner			M PAID 1000.00 s 1000.00	0	O C'C	\$ 1000.00	CALENDAR YEAR S PER ELECTION**
TEN IND COM COTH CPTY CSCC		1000.00	0		DATEDUE	579	DATE INCURRED	\$
e designation and provide supply company on the supply of	да с денединальной формация (пределения решеней без в дележдуй фез терей петемерей стему денединальной дележде			☐ PAID				CALENDAR YEAR
				FORGIVEN		ZATE 74	47	PER ELECTION ***
TO IND O COM O OTH O PTY O SCC		\$	-		DATE DUE	S	DATE INCURRED	69
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	\$	PATE %	-	PERELECTION**
[†] □ ND □ COM □ OTH □ PTY □ SCC		\$		\$	DATE DIJE	S	DATE INCURRED	en
		SUBTOTALS \$	0.\$	1000.00	\$ 0	\$ 0		
Schedule B Summary		e de de la companya d	emplor estate report de montante may el de de misso, en en			(Enter (e) on Schedule E Line S)		
Loans received this period (Total Column (b) plus unitemized loans less than \$100.)	less than \$100.)			\$	0	1	*Arnounts for another party	*Amounts forgiven or paid by another party also must be
2. Loans paid or forgiven this period	paid or forgiven.)			₩	1000.00	10	** If required.	ociednia A.
 Net change this period. (Subtract Line 2 from Line 1.) 	are also itemized on sched	Jule A.)		M \$	-1000.00			
	Page, Column A, Line 2.		.,,	•	(May be a negative rumber)	week		

† Contributor Codes

| ND -- Individual | COM -- Recipient Committee (other than PTY or SCC) | OTH -- Other | PTY -- Political Party | SCC -- Small Contributor Committee

10/17/10 12/31/10 Page __ 약 4

SEE INSTRUCTIONS ON REVERSE Payments Made NAME OF FILER Schedule E Swanson for City Council 2010, Friends of Angela Type or print in ink.

Amounts may be rounded to whole dollars. from through Statement covers period 1330743 .D NUMBER

2000	SOBICIALS	irized on ac	ist also be summa	rayments that are contributions of independent expenditures must also be summarized on schedule D.
		,		
\$700	Radio Ads	RAD	+	KRLT Radio PO Box 11101 Zephyr Cove, NV 89448
\$450	Radio Ads	RAD	3	KTHO Radio 2520 Lake Tahoe Blvd. Suite #5 South Lake Tahoe, CA 96150
\$900	Newspaper Ads	PRT		Tahoe Tribune 3079 Harrison Ave. South Lake Tahoe, CA 96150
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR		NAME AND ADDRESS OF PAYEE FOOMMITTEE ALSO ENTERLD NUMBER)
те candidate/spor	ayment, you may enter the code. Otherwise, describe the payment. RAD radio airline and production costs RFD returned contributions SAL campaign workers' salaries position circulating phone banks polling and survey research postage, delivery and messenger services postessional services (legal, accounting) WEB information technology costs (internet, e-mail)	ayment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service postage, delivery and messenger service professional services (legal, accounting) print ads	the payment, you may en MBR member communications MTG meetings and appearanc OFC office expenses TET petition circulating PHO phone banks POL polling and survey researon postage, delivery and m PRO professional services (le PRT print ads	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CMP campaign paraphernalia/misc. CMS campaign consultants CTR contribution (explain nonmonetary)* CVC civic donations FL candidate fling/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign the code. Otherwise, describe the payment, you may enter the code. Otherwise, describe the payment, you may enter the code. Otherwise, describe the payment and product CMB member communications RAD radio airtine and product office expenses CPC office expenses CPC office expenses FET petition circulating FHO phone banks FPCL polling and survey research TRC candidate travel, lodging, accounting) TSF transfer between commit TSF transfer between commit CPRO professional services (legal, accounting) WEB information technology of the payment of the payment of the code. Otherwise, describe the payment and product campaign aritine and product campaign workers salar campaign salar campaign services (legal, accounting)

- 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)\$
- 2. Unitemized payments made this period of under \$100
- 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 \$

8871.90

8726.90

145.00

Payments Made Schedule E (Continuation Sheet)

SCHEDULE E (CONT.)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment SEE INSTRUCTIONS ON REVERSE NAME OF FILER Swanson for City Council 2010, Friends of Angela Type or print in ink.
Amounts may be rounded to whole dollars. from_ through Statement covers period 10/17/10 12/31/10 CALIFORNIA 1330743 Page I.D. NUMBER œ 9 460 #

6172.12	SUBTOTAL \$	Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
\$2000.00	Website and Advertising Services	WEB	Charter Advertising 3170 Highway 50 South Lake Tahoe, CA 96150
\$456.49	Reimbursement for office and campaign materials	OFC	Angela Swanson 1598 Jackson Ct. South Lake Tahoe, CA 96151
\$700.00	Production of Mailers	두	Sonia Taylor/ErrantArt 306 Lomitas Lane Santa Rosa, CA 95404
\$1475.22	Campaign Signs	F	Middlebrook Media PO Box 10911 So. Lake Tahoe, CA 96158
\$1540.41	Mailers	F	Redwood Printing 854 Emerald Bay Road, #E So. Lake Tahoe, CA 96150
AMOUNT PAID	DR DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER LD NUMBER)
e candidate/sponsor nail)	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) PAD ratio airline and production costs RED returned contributions SAL campaign workers' salaries IEL t.v. or cable airline and production costs t.v. or cable airline and production costs TRC candidate travel, lodging, and meals postage, delivery and messenger services ITS staff/spouse travel, lodging, and meals postage, delivery and messenger services PAD ratio airline and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals postage, delivery and messenger services PAD ratio airline and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals POT voter registration VOT voter registration VOT voter registration VOT voter registration VOT voter registration	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger service postage, delivery and messenger service professional services (legal, accounting) print ads	CNS campaign consultants CNC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LII campaign literature and mailings

	* Payments that are contributions or independent expenditures must also be summarized on Schedule D		Angela Swanson 1598 Jackson Ct So. Lake Tahoe, CA 96150	Flying Colors USA 372 Village Square Orinda, CA 94563	NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTEX-10, NUMBER)	CODES: If one of the following codes accurately describes the OMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CTC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR MBR MBR MBR MBR MBR MBR MB	NAME OF FILER Swanson for City Council 2010, Friends of Angela	SEE INSTRUCTIONS ON REVERSE	Schedule E (Continuation Sheet) Payments Made
	lso be summarized on Schedule D		ТЯС	РНО	CODE	es the payment, you may enter the code. 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			Type or print in ink. Amounts may be rounded to whole dollars.
			Campaign Staff Meal	Robo Calls	OR DESCRIPTION OF PAYMENT	the code. Otherwise, RAD RAD RAD SAL TEL TRC TRS ger services TSF ccounting) WEB		through1	Statement covers period from10/17/10
FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC	\$ \$ SUBTOTAL					describe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail)	1.D. NUMBER 1330743	12/31/10 Page 9	CALIFO
FPPC Form 460 (June/01) e Helpline: 866/ASK-FPPC	504.78		\$279.78	\$225	AMOUNT PAID	andidate/sponsor		of 9	SCHEDULE E (CONT.) ORNIA 460 RM