

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Date Stamp
DATE RECEIVED
JAN 31 2011

CITY CLERK'S OFFICE
CITY OF SOUTH LAKE TAHOE

CALIFORNIA
2001/02
FORM 460

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For Official Use Only

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

- Officerholder, 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/Officerholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- 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):
Swanson for City Council, Friends of Angela

Treasurer(s)

NAME OF TREASURER:
W. Karsen Garrett CPA

STREET ADDRESS (NO P.O. BOX)
1598Blackson 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

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

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 1/31/11 Date
Executed on 1/31/11 Date
Executed on _____ Date
Executed on _____ Date

By [Signature] Signature of Officerholder, Candidate, State Measure Proponent
By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent
By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent
By [Signature] Signature of Controlling Officerholder, 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	CONTROLLED COMMITTEE?
NAME OF TREASURER		<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. 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

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 10/17/10
through 12/31/10

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CALIFORNIA
FORM
460

SUMMARY PAGE

I.D. NUMBER
1330743

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 8824.00	13187.00
2. Loans Received	Schedule B, Line 3 0	1000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 8824.00	14187.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 8824.00	14187.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 8871.90	12594.85
7. Loans Made	Schedule H, Line 3 1000.00	1000.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 9871.90	13594.85
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 9871.90	13594.85

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 1640.05	
13. Cash Receipts	Column A, Line 3 above 8824.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0	
15. Cash Payments	Column A, Line 8 above 9871.90	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 592.15	

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0

19. 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 \$ 14187.00 1/1 through 6/30 7/1 to Date

21. Expenditures Made \$ 13594.85

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

1/1/10	\$ 13594.85
1/1/11	\$ 13594.85
1/1/12	\$ 13594.85
1/1/13	\$ 13594.85
1/1/14	\$ 13594.85
1/1/15	\$ 13594.85

*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.

Statement covers period
from 10/17/10
through 12/31/10

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SEE INSTRUCTIONS ON REVERSE
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 (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)
10/20/10	Inn By the Lake 3300 Lake Tahoe Blvd. So. 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		\$100		
10/20/10	JA Butler 2521 Cold Creek Trail 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	teacher, LTUSD	\$100		
10/20/10	Cynthia Bashdikian PO Box 8925 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		\$100		
10/20/10	Judy Cias 2740 16th St. Sacramento, CA 95818	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100		
10/26/10	So. Tahoe Lodging Assoc. PO Box 5746 So. 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		
SUBTOTAL \$				\$5400		

Schedule A Summary

- Amount received this period -- contributions of \$100 or more:
(Include all Schedule A subtotals.) \$ 8425
- Amount received this period -- unitemized contributions of less than \$100 \$ 399
- Total monetary contributions received this period
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 8824

*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.

SCHEDULE A (CONT.)

CALIFORNIA
FORM **460**

Statement covers period
from 10/17/10
through 12/31/10

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ID NUMBER
1330743

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

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTERED 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>
10/27/10	Theodore Long 2498 Kubel 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	attorney	\$100		
10/27/10	No. C A Carpenters Regional Council 265 Hegenberger Rd. Suite #200 Oakland, CA 94621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100		
10/27/10	Lake Tahoe Gaming Alliance PO Box C Stateline, NV 89449	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500		
10/27/10	Committee to Elect Jerry 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		
11/1/10	Park PAC 1300 Buckeye RD. Suite A Minden, NV 89423	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1500		
SUBTOTAL \$				\$3025		

*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 10/17/10
through 12/31/10

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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 <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED ENTER NAME OF BUSINESS)</small>	(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	Enter (e) on Schedule E (Line 5)	
									CALENDAR YEAR	PER ELECTION **
Angela Swanson 1598 Jackson Ct. So. Lake Tahoe, CA 96150	School Facility Planner	\$ 1000.00	\$ 0	<input checked="" type="checkbox"/> PAID \$ 1000.00 <input type="checkbox"/> FORGIVEN	\$ 0	0 %	\$ 1000.00			
<input checked="" 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										
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
SUBTOTALS \$		0 \$	1000.00 \$	0 \$	0 \$	0	0 \$	0		

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period \$ 1000.00
(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 10/17/10 through 12/31/10
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER Swanson for City Council 2010, Friends of Angela

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

CMP	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	FET	petition circulating	TEL	tv 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
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSE	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOI	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTERED NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tahoe Tribune 3079 Harrison Ave. South Lake Tahoe, CA 96150	PRT		Newspaper Ads	\$900
KTHQ Radio 2520 Lake Tahoe Blvd. Suite #5 South Lake Tahoe, CA 96150	RAD		Radio Ads	\$450
KRLT Radio PO Box 11101 Zephyr Cove, NV 89448	RAD		Radio Ads	\$700
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 2050

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 8726.90
2. Unitemized payments made this period of under \$100 \$ 145.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
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**

**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 10/17/10 through 12/31/10	Page 8 of 109
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SEE INSTRUCTIONS ON REVERSE
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Swanson for City Council 2010, Friends of Angela

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| OMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| ONS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| OTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | FET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FLC | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/sponse travel, lodging, and meals |
| ND | 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) | VOI | voter registration |
| LI | campaign literature and mailings | FRI | print ads | 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
Redwood Printing 854 Emerald Bay Road, #E So. Lake Tahoe, CA 96150	LIT		Mailers	\$1540.41
Middlebrook Media PO Box 10911 So. Lake Tahoe, CA 96158	LIT		Campaign Signs	\$1475.22
Sonia Taylor/ErrantArt 306 Lomitas Lane Santa Rosa, CA 95404	LIT		Production of Mailers	\$700.00
Angela Swanson 1598 Jackson Ct. South Lake Tahoe, CA 96151	OFC		Reimbursement for office and campaign materials	\$456.49
Charter Advertising 3170 Highway 50 South Lake Tahoe, CA 96150	WEB		Website and Advertising Services	\$2000.00

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

SUBTOTAL \$ 6172.12

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

Type or print in ink.
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SCHEDULE E (CONT.)

Statement covers period from <u>10/17/10</u> through <u>12/31/10</u>	CALIFORNIA FORM 460
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Swanson for City Council 2010, Friends of Angela

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

- | | | |
|--|---|---|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| ONS 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 tv 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 |
| ND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSE 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
Flying Colors USA 372 Village Square Orinda, CA 94563	PHO		Robo Calls	\$225
Angela Swanson 1598 Jackson Ct So. Lake Tahoe, CA 96150	TRC		Campaign Staff Meal	\$279.78

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

SUBTOTAL \$ 504.78