Statement covers period from01/01/11 Date of election if applicable: JAN 3 1 2011 Image:	Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)		Type or print in ink		Designation (1)	[m]	CALIFORNIA 460 2001/02 FORM
Type of Recipient Committee: At Committee: Complete Parts 1, 2, 3, and 4. Type of Recipient Committee: Committee: Complete Parts 1, 2, 3, and 4. Officeholder: Candidate Controlled Committee: Operationally Formed Operation Statement Committee Operation Committee Op			Statement covers period from 01/01/11	cable:	1 2011	T.	99
Type of Recipient Committee: All Committees: All Committees: Complete Parts 1, 2, 3, and 4.	SEE INSTRUCTIONS ON REVERSE			C177 C	TH LAKE TA	HOE	
Office/holder, Candidate Controlled Committee Osteric Candidate Election Committee Osteric Candidate Election Committee Osteric Candidate Election Committee Osteric Candidate Election Committee Optionally Formed	1. Type of Recipient Committee: All	Committees	Complete Parts 1, 2, 3, and 4.				
O Sponsored O Small Contributor Committee □ Primarily Formed Candidate/ Officeholder Committee □ Primarily Formed Candidate/ Officeholder Committee Committee Information I.D Number Incommittee Treasurer(s) Committee Information I.D Number Incommittee Treasurer(s) Committee Information I.D Number Incommittee I.D Number Incommittee Swanson for City Council, Friends of Angel Incommittee I.D Number Incommittee I.D Number Incommittee Swanson for City Council, Friends of Angel Incommittee I.D Number Incommittee I.D Number Incommittee Incommittee Swanson for City Council, Friends of Angel Incommittee I.D Number Incommittee Incommittee Incommittee Incommittee Swanson for City Council, Friends of Angel Incommittee I.D Number Incommittee Incommittee Incommittee Incommittee Incommittee Incommittee <td>▼ Officeholder, Candidate Controlled Comm</td> <td>nittee 🔲</td> <td>Ballot Measure Committee O Primarily Formed O Controlled O Sponsored (Also Complete Part 6)</td> <td></td> <td></td> <td>Quarterly Special (Supplem Statemer</td> <td>/ Statement Odd-Year Report ental Preelection nt - Attach Form 495</td>	▼ Officeholder, Candidate Controlled Comm	nittee 🔲	Ballot Measure Committee O Primarily Formed O Controlled O Sponsored (Also Complete Part 6)			Quarterly Special (Supplem Statemer	/ Statement Odd-Year Report ental Preelection nt - Attach Form 495
Committee Information	Small Contributor Committee Small Contributor Committee Political Party/Central Committee		Primarily Formed Candidate/ Officeholder Committee (Alsa Complete Part 7)				
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	uth Lake Tahoe		ĴĒ	CITY		ZIP CODE	AREA CODE/PHONE
	OPTIONAL FAX / E-MAIL ADDRESS angelaswanson@sbcglobal.net			OPTIONAL: FAX / E-MAIL ADDRESS		***************************************	The state of the s

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 Date	Executed on	Executed on Dan	1/31/11 Executed on
By	By Signature of Controlling Officeholder, Cencebate, State Measure Proposert	BySgriztuse of Controlling Mildeholder' Candidate. State Measure Proposent or Responsible Officer of Sporsor	By Land Signature of Teasurer of Assistant Transurer

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	sheets if necessary	Attach continuation sheets if necessary	DDE AREA CODE/PHONE	STATE ZIP CODE	CITY
			×	STREET ADDRESS (NO P.O BOX)	COMMITTEE ADDRESS
SUPPORT OPPOSE	OFFICE SOUGHT OR HELD	NAME OF OFFICEHOLDER OR CANDIDATE O	CONTROLLED COMMITTEE?		NAME OF TREASURER
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didate(s) for	ommittee List names of officeholder(s) or candidate(s) for rimarily formed.	7. Primarily Formed Committee List nan which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
			LD NUMBER		COMMITTEE NAME
ANA	DISTRICT NO. IF ANY	OFFICE SOUGHT OR HELD	tement: List any committees r are primarily formed to receive didacy.	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.	Related Committee not included in this state contributions or make ex
	ONENT	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
ponent, if any.	officeholder, candidate, or state measure proponent, if any.	Identify the controlling officeholder, candid	TY STATE ZIP	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 1598 Jackson Court South Lake Tahoe CA 96150	RESIDENTIAL/BUSINESS AN
SUPPORT OPPOSE	St O	6ALLOT NO. OR LETTER JURISDICTION	T NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member of South Lake Tahoe	OFFICE SOUGHT OR HELL City Council Membe
					Angela Swanson
	PARTIES CONTRACTOR CON	NAME OF BALLOT MEASURE	erandemerkenmerterstagerandidemerkelenferstellerstagen staget erandidemerkel	R OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
		6. Ballot Measure Committee		Officeholder or Candidate Controlled Committee	5. Officeholder or Car

Campaign Disclosure Statement Summary Page

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

Statement covers period

		from	01/01/11	FORM
SEE INSTRUCTIONS ON REVERSE		through	1/31/11	Page 3 of 4
NAME OF FILER Swanson for City Council 2010 Friends of Angela		e de processo i montante mentre de la companya de l		I.D NUMBER 1330743
Contributions Received		Column B	Calendar Year Summary for Candidates	nary for Candidates
	(FROMATTACHED SCHEDULES)	TOTAL TODATE	General Elections	State Frimary and
2 nams Renaived Schedule A, Line 3	0	1000.00	1/1 the	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 +	\$ 25.00 \$	14212.00	ons	·
Nonmonetary Contributions Schedule C. Line	0	0	Received 5	
CEIVED	\$ 25.00 \$	14212.00	Made S	\$
6. Payments Made Schedule E, Line 4	s 617.15 s	13212.00	Expenditure Limit Summary for State Candidates	ummary for State
7. Loans Made Schedule H, Line 3	1		99 Cumulativa	Exponditures Nade*
8. SUBTOTAL CASH PAYMENTS Add Lines 5 + 7	\$ 617.15 s	14212.00	(If Subject to V	(If Subject to Voluntary Expanditure Linit)
Accrued Expenses (Unpaid Bills) Schedule F, Line 3 Nonmonetary Adjustment Schedule C Line 3		0	Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	s 617.15 s	14212.00	The second secon	\$
Current Cash Statement			menunganan banasan ban	•
12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts	\$ 25.00 To calcula	To calculate Column B, add amounts in Column A to the	And the second s	\$
Miscellaneous Increases to Cash	io	corresponding amounts from Column B of your last	The state of the s	Company of the Compan
15. Cash Payments Column A, Line & above	ł	Column A may be negative		(A
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	s U figures the subtracted period arm	figures that should be subtracted from previous period amounts. If this is		€
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	S 0 for this ca	the lifst report being flied for this calendar year, only carry over the amounts	*Since January 1, 2001. A	Since January 1, 2001. Amounts in this section may be
Cash Equivalents and Outstanding Debts	from Lines 2,	s 2, 7, and 9 (if	diferent from amounts reported in Column b	ones in Column 5.
Outstanding Debts Add Line 2	8 0	Walter Laboratory	FPPC Toll	FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC
	-	-		a real secretarion of the secret

Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

 Statement covers period
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 from
 01/01/11

 through
 1/31/11

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CALIFORNIA 460

1/11 FORM

1/11 Page 4 of 4

1.D NUMBER

CODES: IF Swanson for City Council 2010, Friends of Angela Š ÷ ÷ <u>₹</u> <u>}</u> ; 1330743

campaign paraphemalia/misc.	The payment, you may enter MBR member communications MTG meetings and appearances	ns RAD	Describe the payment. Diadio airline and production costs Direturned contributions	
contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings		is.	 campaign workers' salaries t.v. or cable airlime and production costs c candidate travel, lodging, and meals S staff/spouse travel, lodging, and meals F transfer between committees of the same candidate/sponsor order registration information technology costs (internet, e-mail) 	3 me candidate/sponsor mail)
NAME AND ADDRESS OF PAYEE.	CODE	OR DESCRIPT	DESCRIPTION OF PAYMENT	AMOUNT PAID
Price Campaign Solutions 5911 Chandler Ct. Santa Rosa, CA 95409	CNS	Campaign Consultant		\$617.15
* Payments that are contributions or independent expenditures must also be summarized on Schedule D	t also be summarized or	n Schedule D.	\$ TVLOLANS	617.15
Schedule E Summary	1		ð	617.15
2. Unitemized payments made this period of under \$100				0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	nedule B, Part 1, Colum	nn (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.)	here and on the Sumn	nary Page, Column A, Line	6.) TOTAL \$	617.15