

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 6

For Official Use Only

Statement covers period
from 7-20-12
through 9-10-12

Date of election if applicable:
(Month, Day, Year)

11-6-2012

OCT - 9 2012

CITY CLERK'S OFFICE
CITY OF SOUTH LAKE TAHOE

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 Ballot Measure Committee
 - Controlled
 - Sponsored
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

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

I.D. NUMBER
46-0723835

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
CONNER FOR CITY COUNCIL 2012

STREET ADDRESS (NO P.O. BOX)
629 JAMES
CITY STATE ZIP CODE AREA CODE/PHONE
S. LAKE TAHOE, CA 96150 530/544-7412

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 13256,
CITY STATE ZIP CODE AREA CODE/PHONE
So. LAKE TAHOE, CA 96151 530/544-7412

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
THERESA W. BROWN
MAILING ADDRESS
2139 ALBERT AVE
CITY STATE ZIP CODE AREA CODE/PHONE
So. LAKE TAHOE, CA 96150 530/541-0986
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 8-6-12
Date

Executed on 8-6-12
Date

Executed on _____
Date

Executed on _____
Date

By Theresa W. Brown
Signature of Treasurer or Assistant Treasurer

By Spencer Conner
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 6

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

JOANN CONNER

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

CITY COUNCIL, SOUTH LAKE TAHOE, CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

629 JAMES, So. 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?

YES 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?

YES 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

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

SUPPORT
 OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>7-20-12</u> through <u>9-0-12</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>6</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CONNER FOR CITY COUNCIL 2012 / JOANN CONNER

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>849.00</u>	\$ _____
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>849.00</u>	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>130.00</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>979.00</u>	\$ _____

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>420.00</u>	\$ _____
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ _____
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>420.00</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ _____	\$ _____
10. Nonmonetary Adjustment Schedule C, Line 3	\$ _____	\$ _____
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>420.00</u>	\$ _____

**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
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ _____
13. Cash Receipts Column A, Line 3 above	\$ <u>849.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ _____
15. Cash Payments Column A, Line 8 above	\$ <u>420.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>429.00</u>

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

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

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____

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).

*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.

SCHEDULE A

Statement covers period from <u>7-20-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
	Page <u>4</u> of <u>6</u>
I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CONNOR FOR CITY COUNCIL 2012

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)
8-6-12	MICHAEL MCKEEN 1120 EAST COURT 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	MCKEEN ENTERPRISE INC.	\$500.00		
8-29-12	ANDREW & REBECCA ADAMS MICHAUD 4625 ESTRADA AVE. ATASCADERO, CA 93422	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHERS AT NO. COUNTY CHRISTIAN, CAL POLY, CUESTA, UNIV. OF PHOENIX	\$100.00		
8-31-12	CODY BASS 3445 LAKE TAHOE BLVD, 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	TAHOE WELLNESS	\$100.00		
		<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				
SUBTOTAL \$						

Schedule A Summary

Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 700.00

Amount received this period – unitemized monetary contributions of less than \$100 \$ 149.00

Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 849.00

*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 C
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>7-20-12</u> through <u>9-30-12</u>	CALIFORNIA FORM 460
Page <u>5</u> of <u>6</u>	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CONNOR FOR CITY COUNCIL 2012

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
9-5-12	HOT GOSSIP 3447 LAKE TAHOE BLVD. 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	LIZ HALLEN OWNER, HOT GOSSIP LOUNGE	COFFEE & COOKIES FOR COMMUNITY "COFFEE WITH CONNOR"	\$50.00		
9-9-12	DON'S CAKES BY THE LAKE 661 EMERALD BAY RD #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	DON EWING, OWNER, DON'S CAKES BY THE LAKE	COFFEE & COFFEE CAKE FOR COMMUNITY "COFFEE WITH CONNOR"	\$35.00		
9-9-12	DON'S CAKES BY THE LAKE 661 EMERALD BAY RD #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	DON'S CAKES BY THE LAKE	PIZZA FOR CAMPAIGN MEETING	\$25.00		
8-30-12	SIMPLE BLISS CAFE 2540 LAKE TAHOE BLVD, 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	SIMPLE BLISS VEGAN CAFE	DONATION OF GOODS & SERVICES FOR "COFFEE WITH CONNER"	\$20.00		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 130.00

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 130.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL \$** 130.00

*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.

SCHEDULE E

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	Page <u>6</u> of <u>6</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

CONNOR FOR COUNCIL 2012

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 | 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 (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EL DORADO COUNTY 2850 FAIRLANE COURT PLACERVILLE, CA 95667	FIL	CANDIDATE FILING/BALLOT FEES	\$ 335.00
SIMPLE BLISS VEGAN CAFE 2540 LAKE TAHOE BLVD. SOUTH LAKE TAHOE, CA 96150	MTG	PAYMENT IN PART (PARTIAL DONATION) FOR "COFFEE WITH CONNOR"	\$ 30.00
STAPLES OFFICE SUPPLY 2061 LAKE TAHOE BLVD. SOUTH LAKE TAHOE, CA 96150	OFC	PRINTING & OFFICE SUPPLIES	\$ 55.00

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

SUBTOTAL \$ 420.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 420.00
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 420.00**