

**Recipient Committee  
Campaign Statement  
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

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

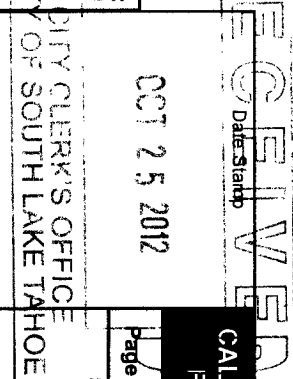
- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee
- (Also Complete Part 7)

Statement covers period  
from 10-1-12  
through 10-30-12

**2. Type of Statement:**

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

Date of election if applicable:  
(Month, Day, Year)  
11-6-2012



COVER PAGE  
CALIFORNIA  
FORM  
**460**

Page 1 of 5  
For Official Use Only

**Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

CONNER FOR CITY COUNCIL 2012

I.D. NUMBER  
1352660

**Treasurer(s)**

NAME OF TREASURER

JAN CONNER

STREET ADDRESS (NO P.O. BOX)  
629 JAMES

CITY SO. LAKE TAHOE, CA STATE CA ZIP CODE 96150 AREA CODE/PHONE 530/544-7412

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
PO BOX 13256

CITY SO. LAKE TAHOE, CA STATE CA ZIP CODE 96151 AREA CODE/PHONE 530/544-7412

OPTIONAL: FAX / E-MAIL ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY  
JAN CONNER

MAILING ADDRESS  
PO BOX 13256

CITY SO. LAKE TAHOE, CA STATE CA ZIP CODE 96151 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**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 10-25-12  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By \_\_\_\_\_  
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 5

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

JOAN 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 <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.

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period from 10-1-12 through 10-28-12

Page 3 of 5

I.D. NUMBER 13552660

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER CONNER FOR CITY COUNCIL 2012

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions	Schedule A, Line 3 425.00	1275.00
Loans Received	Schedule B, Line 3 0	0
SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 425.00	1,275.00
Nonmonetary Contributions	Schedule C, Line 3 725.00	855.00
TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 1,150.00	2,130.00

**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	\$ _____	\$ _____

**Expenditures Made**

Payments Made	Schedule E, Line 4 990.00	1,274
Loans Made	Schedule H, Line 3 0	0
SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 990.00	1,274
Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0
Nonmonetary Adjustment	Schedule G, Line 3 0	0
1. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 990.00	1,274

**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	\$ _____
	1/1	\$ _____

**Current Cash Statement**

2. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 849.00
3. Cash Receipts	Column A, Line 3 above	425.00
4. Miscellaneous Increases to Cash	Schedule J, Line 4	0
5. Cash Payments	Column A, Line 8 above	1.00
6. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	1,274

**Loan Guarantees Received and Outstanding Debts**

7. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
8. Cash Equivalents	See instructions on reverse	\$ _____
9. 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 C**  
**Nonmonetary Contributions Received**

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

SCHEDULE C

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 10-1-12  
through 10-30-12

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

CONNOR FOR CITY COUNCIL 2012

I.D. NUMBER

1359660

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)
10-5-12	DAVID FABRIZIO PO BOX 2504 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		MUSIC FOR FUNDRAISER	\$500.00		
		<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					
<b>SUBTOTAL \$</b>							

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

- Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... \$ 500.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$ 225.00
- 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 \$** 725.00

\*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.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

CONNOR FOR CITY COUNCIL 2012

Statement covers period  
from 10-1-12  
through 10-30-12

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I.D. NUMBER  
1352666

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

- GMP 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
- FET 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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SIGNS OF TAHOE 854 D EMERALD BAY RD #D SO. LAKE TAHOE, CA 96150	GMP	PAYMENT FOR SIGNS	\$ 825.00
GROCERY OUTLET 2358 LAKE TAHOE BLVD. SO. LAKE TAHOE, CA 96150	FND	MISC FOOD, PAPER GOODS FOR CHILI FUNDRAISER	\$ 95.00
RALEEN'S 4010 LAKE TAHOE BLVD. SO. LAKE TAHOE, CA 96150	FND	MISC FOOD, PAPER GOODS FOR FUNDRAISER	\$ 80.00
<b>SUBTOTAL \$</b>			<b>990.00</b>

\* 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.) ..... \$ 990.00
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 \$** 990.00