Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Statement covers period from01/01/14	Date of election if applicable: (Month, Day, Year)	APR 0 1 201	Pag	COVER PAGE LIFORNIA 460 2001/02 FORM - 1 of 16 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through03/17/14	06/03/14	APR 03 21	014	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	nplete Parts 1, 2, 3, and 4. Illot Measure Committee Primarily Formed Controlled Sponsored Complete Part 6) Imarily Formed Candidate/ ficeholder Committee Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain b	ELECTIONS DEPT SACERVILLE, C	Quarterly St Special Odd Supplement	-Year Report
	NUMBER 1363069 2014	Treasurer(s) NAME OF TREASURER Paul C Peterson MAILING ADDRESS P. O. Box 17119 CITY South Lake Tahoe	STATE	ZIP CODE	AREA CODE/PHONE
SOUTH LAKE TAHOE CA 96150 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO P. O. Box 17119 CITY STATE ZIP COD	530 318-7063 x	NAME OF ASSISTANT TREASUR	CA RER, IF ANY	96150	530 545-9870
South Lake Tahoe CA 96150 OPTIONAL: FAX / E-MAIL ADDRESS angelaswanson@sbcglobal.net	E AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR	STATE	ZIP CODE	AREA CODE/PHONE
Executed on	By Sunday of By	knowledge the information contained and out of the state of the surer or Assistant T state of the state of th	reasurer parent or Respensible Officer of	***************************************	es is true and complete. I

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

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE - PART 2
50F X 1 MAC # X	FORNIA DRM	460
Page _	2	of16

NAME OF OFFICEHOLDER OR CANDIDATE	<u></u>			NAME OF BALLOT MEASURE				
Angela Swanson								
OFFICE SOUGHT OR HELD (INCLUDE LOC	ATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	М		SUPPORT OPPOSE
El Dorado County Supervisor, D	District 5				<u> </u>			
RESIDENTIAL/BUSINESS ADDRESS (NO.	AND STREET) CIT			Identify the controlling off	iceholder, can	ididate, or sta	ite measure p	roponent, if a
1598 Jackson Court	South Lake Tall	DE CA 30130		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Inclu not included in this statement that are contributions or make expenditures on	controlled by you or	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO. IF	ANY
COMMITTEE NAME		.D. NUMBER						
			7	Primarily Formed Com	nmittee List	names of offic	eholder(s) or ca	ndidate(s) for
NAME OF TREASURER		CONTROLLED COMMITTEE?	•••	which this committee is prim				` .
		YES NO						
		······································		NAME OF OFFICEHOLDER OR (CANDIDATE	OFFICE SOU	SHT OR HELD	· · · · · · · · · · · · · · · · · ·
COMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BO)	()		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	SHT OR HELD	SUPPOR
COMMITTEE ADDRESS STREET A	ADDRESS (NO P.O. BO) STATE ZIP CO	,		NAME OF OFFICEHOLDER OR (GHT OR HELD	OPPOSE
		,			CANDIDATE	OFFICE SOU		SUPPOSE
CITY	STATE ZIP CO	DE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOSE SUPPOSE SUPPOSE SUPPOSE SUPPOSE
COMMITTEE NAME NAME OF TREASURER	STATE ZIP CO	DE AREA CODE/PHÔNE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
COMMITTEE NAME NAME OF TREASURER	STATE ZIP CO	DE AREA CODE/PHÔNE I.D. NUMBER CONTROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPOSE SUPPOSE SUPPOSE SUPPOSE SUPPOSE

Campaign Disclosure Statement Summary Page

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ ___

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 460

		from _	01/01/14	FORM TOU
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Angela Swanson Supervisor 2014		throug	03/17/14	Page3 of16
1. Monetary Contributions	\$ <u>2,797</u> \$ 1,729	Column B CALENDAR YEAR TOTAL TO DATE 2,797 0 2,797 1,729 4,462	Running in Both the General Elections 1/1 the 20. Contributions Received \$ 21. Expenditures	mary for Candidates e State Primary and erough 6/30 7/1 to Date
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 4 Schedule E, Line 3 Schedule F, Line 3 Add Lines 8 + 9 + 10	\$0 \$0	0 0 0 0 0	Expenditure Limit S Candidates 22. Cumulative	
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule I, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 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	4,462 am	calculate Column B, add nounts in Column A to the rresponding amounts in Column B of your last port. Some amounts in olumn A may be negative ures that should be paracted from previous nod amounts. If this is a first report being filed this calendar year, only my over the amounts in Lines 2, 7, and 9 (if	*Since January 1, 2001. Addifferent from amounts repo	\$\$ \$\$ \$\$ mounts in this section may be

Schedule A **Monetary Contributions Received**

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

SCHEDULE A Statement covers period CALIFORNIA 01/01/14 FORM from _ 03/17/14 16 through I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Angela Swanson Supervisor 2014 1363069 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR DATE IF AN INDIVIDUAL, ENTER AMOUNT CUMULATIVE TO DATE PER ELECTION CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE CODE * (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) **K**IND 01/14/14 Angela Swanson City Council Member 1000.00 □ COM 1000.00 1598 Jackson Court City of South Lake Tahoe Потн South Lake Tahoe, CA 96150 □ PTY □scc KIND 03/14/14 Paul Peterson Surveillance Officer 750.00 □ COM 750.00 1598 Jackson Court Mont Bleu Потн South Lake Tahoe, CA 96150 **□PTY** SCC **X**IND 3/17/14 Frances Swanson Retired 250.00 □ COM 250.00 6186 Arena Way Потн Livingston, CA 95334 **□PTY** SCC 3/17/14 **KIND** Aisling Peterson Student СОМ 250.00 250.00 1598 Jackson Court OTH South Lake Tahoe, CA 96150 **□PTY** SCC 3/17/14 **K**IND Christopher Peterson Chef 250.00 ПСОМ 250.00 6186 Arena Way Blue Dog Pizza Потн Livingston, CA 95334 **□PTY** SCC SUBTOTAL \$ 2500.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)\$ _ 2500.00 2. Amount received this period – unitemized contributions of less than \$100\$ 297.00 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

2797.00

PTY - Political Party

SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received		Type or print in i ounts may be ro to whole dollar	unded		Statement cov	/ers period /01/14	SCHE CALIFORNI FORM	A 460
SEE INSTRUCTIONS ON REVERSE					through	3/17/14	Page5	of
Committee to Elect Angela Swanson Su	pervisor 2014						1363069	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
		L. E. W. W.		☐ PAID	1 - 1 - 1 - 1 - 1 - 1			CALENDAR YEAR
				\$FORGIVEN	s	RATE	\$	PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				s	\$	RATE %	\$	\$ PER ELECTION ***
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				\$ ☐ FORGIVEN	s	RATE	\$	SPER ELECTION **
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
		SUBTOTALS \$	0.5	3	0 \$ 0	\$ 0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans				\$	0	-		rgiven or paid by
 Loans paid or forgiven this period	paid or forgiven.)			\$ _	0	<u>-</u>	** If required	

OTH - Other PTY - Political Party SCC - Small Contributor Committee

Enter the net here and on the Summary Page, Column A, Line 2.

IND - Individual COM - Recipient Committee (other than PTY or SCC)

† Contributor Codes

Schedule B – Part 2		Time or mint in inte				SCI	HEDULE B - PART
Loan Guarantors		Type or print in ink. Amounts may be rounded to whole dollars.		Statem	ent covers perio	CALIFOR	74563
		to whole donais.		from	01/01/14	FORM	700
SEE INSTRUCTIONS ON REVERSE				through	03/17/14	Page6	of16
NAME OF FILER	*****					I.D. NUMBER	
Committee to Elect Angela Swanson Sup	ervisor 2014					1363069	•
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	□IND		LENDER			CALENDAR YEAR	
	□сом					s	
	□отн		DATE			PERELECTION	
	□PTY					(IF REQUIRED)	
	□scc						
						\$	
	□IND		LENDER			CALENDAR YEAR	
	СОМ						
	□отн					PER ELECTION	
	□PTY		DATE			(IF REQUIRED)	
	□scc						
						\$	
						CALENDAR YEAR	
	COM		LENDER				
	ОТН					PER ELECTION	
	□PTY		DATE			(IF REQUIRED)	
	1 - 1						
	□scc		***************************************			\$	
	□IND		LENDER			CALENDAR YEAR	
	СОМ					•	
	LOOM			1		\$	

DATE

SUBTOTAL \$

□отн

□ PTY □ SCC

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

PER ELECTION (IF REQUIRED)

Enter on Summary Page. Line 17 only.

0

Schedule C Nonmonetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. N

Committee to Elect Angela Swanson Supervisor 2014 CUMULATIVE TO PER ELECTION AMOUNT/ IF AN INDIVIDUAL, ENTER CONTRIBUTOR DESCRIPTION OF DATE FULL NAME, STREET ADDRESS AND TO DATE FAIR MARKET OCCUPATION AND EMPLOYER DATE CALENDAR YEAR GOODS OR SERVICES CODE * ZIP CODE OF CONTRIBUTOR (IF REQUIRED) (IF SELF-EMPLOYED, ENTER VALUE RECEIVED (JAN 1 - DEC 31) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) NAME OF BUSINESS) XIND Fundraising Organizer Paula Peterson 500.00 2/1/14 ПСОМ Big Blue Concierge **□**OTH **□PTY** □SCC MIND Graphics Charter Advertising 1000.00 3/1/14 ПСОМ 3170 Hwy 50 Ste #2 ПОТН South Lake Tahoe, CA 96150 PTY SCC **TIND** Meeting Space Bona Fide Books 100.00 3/3/14 ПСОМ 1069 Magua Street, #4 **□OTH** South Lake Tahoe, CA 96150 PTY □SCC ПСОМ □OTH □PTY □SCC SUBTOTAL \$ 1600.00 Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period – nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.)

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 129.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule D **Summary of Expenditures Supporting/Opposing Other**

Type or print in ink. Amounts may be rounded

			SCHEDULE D
Stateme	03/17/14	CALIFORNIA	160
from	01/01/14	FORM	700
through .	03/17/14	Page8	of
L		I.D. NUMBER	
		1363069	

to whole dollars. Candidates, Measures and Committees SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Angela Swanson Supervisor 2014 PER ELECTION CUMULATIVE TO DATE DESCRIPTION AMOUNT THIS CALENDAR YEAR TO DATE NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR TYPE OF PAYMENT DATE (IF REQUIRED) (IF REQUIRED) PERIOD (JAN. 1 - DEC. 31) MEASURE NUMBER OR LETTER AND JURISDICTION. OR COMMITTEE ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support □ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Oppose ☐ Support ☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure ☐ Support □ Oppose SUBTOTAL \$ Schedule D Summary

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

AME OF FILER	The American Supervisor 2014					1.D. NUMB 1363069	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CALEND	VE TO DATE AR YEAR DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure		·			
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					
water and the second se			SUBTOTA	L \$)		

Schedule E	Type or print			Stateme	Statement covers period CALIF				
Payments Made	Amounts may b to whole d			from	01/01/14	CALIFORNIA 460		IJ	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Angela Swanson Supervisor 2014		***************************************		through _	03/17/14	I.D. NUM	Page 10 of 16 I.D. NUMBER 1363069		
CODES: If one of the following codes accurately describes CMP 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 LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearances ses lating survey researd very and mes	3	RAD radio RFD return SAL camp TEL t.v. or TRC candi TRS staff/r TSF transi VOT voter	De the payment, airtime and production led contributions laign workers' salaries cable airtime and product travel, lodging, an spouse travel, lodging, fer between committee registration lechnology cost	duction costs id meals and meals as of the san	ne candidate/spon:	sor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE. ALSO ENTER I.D. NUMBER)		CODE C	R	DESCRIPTION OF PA	YMENT		AMOUNT PAID		
* Payments that are contributions or independent expenditures n	nust also be summ	arized on So	hedule D.		SI	JBTOTAL \$			
Schedule E Summary								managati d	
1. Payments made this period of \$100 or more. (Include all Sc		•				-		,	
2. Unitemized payments made this period of under \$100						·		,	
3. Total interest paid this period on loans. (Enter amount from		,	•				0		
4. Total payments made this period. (Add Lines 1, 2, and 3. Er	nter nere and on ti	ne Summar	y Page, Colum	nn A, Line 6.)	TC)			

Schedule F **Accrued Expenses (Unpaid Bills)**

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

MBR member communications

office expenses

phone banks

petition circulating

OFC

PET

MTG meetings and appearances

polling and survey research

Statement covers period from 01/01/14	CALIFORNIA 460
through03/17/14	Page 12 of 16
	I.D. NUMBER 1363069

c	E	F	IN	S	TR	uc	TI	ON	S	ON	RE	VΕ	RS	E
•	۔	•	,,,	•	,,,	~~			-					_

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

CNS campaign consultants

CVC divic donations

NAME OF FILER

FIL

Committee to Elect Angela Swanson Supervisor 2014

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

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries

t.v. or cable airtime and production costs

candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor

ND fundraising events independent expenditure supporting/opposing others (explain)* EG legal defense	POS postage, delivery and PRO professional services (PRT print ads	messenger services	TSF transfer between committees of the same candidates VOT voter registration WEB information technology costs (internet, e-mail)			
Campaign literature and mailings NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
					\$	
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$	>			

Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

Schedule F Ac

Type or print in ink.

SCHEDULE F (CONT.)

Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement covers period from01/01/14	CALIFORNIA 460
NAME OF FILER		through03/17/14	Page 13 of 16
Committee to Elect Angela Swanson Supervisor 2014			I.D. NUMBER 1363069
CODES: If one of the following codes accurately describes	s the payment, you may enter the code. Othe	erwise, describe the payment	1

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 FIL candidate filing/ballot fees TEL t.v. or cable airtime and production costs 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

transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) LIT campaign literature and mailings VOT voter registration print ads

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER (D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNTINCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Elections Dept., County of El Dorado 2850 Fairlane Court Placerville, CA 95667	LIT	0	25		25
		The state of the s			
	SUBTOTALS \$	0 \$	25	0 :	25

WEB information technology costs (internet, e-mail)

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Amou	pe or print in nts may be o whole doll	rounded		Staten	nent covers period 01/01/14	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE					through_	03/17/14	Page1	4 of 16
NAME OF FILER Committee to Elect Angela Swanson Supervisor 2014							1.D. NUMBE 1363069	
NAME OF AGENT OR INDEPENDENT CONTRACTOR								
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings * Payments that are contributions or independent expenditures must also	MBR member co meetings a OFC office experience PET petition circ PHO phone bank POL polling and POS postage, di PRO professional PRT print ads	mmunication and appeara enses culating ks I survey res elivery and al services	ns nces earch messenger legal, accou	services	RAD radio RFD return SAL camp TEL t.v. or TRC candii TRS staff/s TSF transf VOT voter	scribe the paymer airtime and production aed contributions aign workers' salaries cable airtime and product travel, lodging, ar spouse travel, lodging, for between committee registration nation technology cost	duction costs and meals and meals as of the same	,
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESC	RIPTION OF PA	YMENT		AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*		Amounts	r print in ink. May be rounded ole dollars.		Statement co	overs period	CALIFORN FORM	SCHEDULE H
SEE INSTRUCTIONS ON REVERSE					through0	3/17/14	Page 15	of 16
NAME OF FILER					tinough		I.D. NUMBER	. or
Committee to Elect Angela Swanson	Supervisor 2014						1363069	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OF FORGIVENES THIS PERIOD	S CLOSE OF THE	MILLINEO	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID FORGIVEN	- \$		\$	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$
		\$	s	PAID FORGIVEN	DATE DUE	% RATE	\$DATE INCURRED	CALENDAR YEAR \$ PER ELECTION**
*Loans that are contributions to another candida must also be summarized on Schedule D. Loans also be reported on Schedule E.	ate or committee s forgiven must	SUBTOTALS	\$ 0	\$ (\$ 0	\$ 0		
Schedule H Summary						(Enter (e) on Schedule I, Line 3)		
Loans made this period (Total Colurnn (b) plus unitemized loans I	ess than \$100.)			*****************	\$	0		**If Required
Payments received on loans (Total Column (c) plus unitemized payme		•••••••••••	•••••••••••••••••••••••••••••••••••••••	***************************************	\$	0	_ -	ii Nequiled
3. Net change this period. (Subtract Line (Enter the net here and on the Summary	2 from Line 1.)		***************************************	•••••	NET \$	O (be a negative number)	-	

	Amounts may be rounded to whole dollars.	Statement covers period from01/01/14	CALIFORNIA 46
ISTRUCTIONS ON REVERSE OF FILER		through03/17/14	Page 16 of 16
Committee to Elect Angela Swanson Supervisor 2014			I.D. NUMBER 1363069
DATE ECEIVED FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
ach additional information on appropriately labeled continuation sheets.			
dule I Summary		SUBTOTAL	\$ 0
eases to cash of \$100 or more this period.			
emized increases to cash under \$100 this period.		\$0	
the period of loans made to others /So	shodula LL O-L.	\$0	
I miscellaneous increases to cash this period. (Add Lines 1, 2, and ary Page, Line 14.)			

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp		COVER PAGE LIFORNIA 460 2001/02 FORM
SEE INSTRUCTIONS ON REVERSE	Statement covers period from	Date of election if applicable: (Month, Day, Year) 06/03/14		Pag	For Official Use Only
State Candidate Election Committee Recall (Asso Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	nplete Parts 1, 2, 3, and 4. allot Measure Committee Primarily Formed Controlled	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement Amendment (Explain belo] Supplement	latement 1-Year Report al Preelection Attach Form 495
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect Angela Swanson Supervisor 2 STREET ADDRESS (NO P.O. BOX)	NUMBER 1363069 2014	Treasurer(s) NAME OF TREASURER Paul C Peterson MAILING ADDRESS P. O. Box 17119 CITY	STATE	ZIP CODE	AREA CODE/PHONE
1598 Jackson Court CITY STATE ZIP COE South Lake Tahoe CA 96150 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO P. O. Box 17119 CITY STATE ZIP COD	530 318-7063 ×	South Lake Tahoe NAME OF ASSISTANT TREASURER MAILING ADDRESS	CA	96150	530 545-9870
South Lake Tahoe CA 96150 OPTIONAL: FAX / E-MAIL ADDRESS angelaswanson@sbcglobal.net	E AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRES:	STATE	ZIP CODE	AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of March 24, 2014 Date Executed on	BySignature of Control ByS	knowledge the information contained had charact Signature of Treasurer or Assistant Treasurer or Assistant Treasurer or Assistant Treasurer or Assistant Treasurer of Controlling Officeholder, Candidate, State Measure of Controlling Officeholder, Candidate, State	surer nt or Responsible Officer of S teasure Proponent		es is true and complete. I

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

CALIFORNIA 460

Page 2 of 16

Officeholder or Candidate Controlled Con	mmittee	6. Ballot Me	asure Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			LOT MEASURE			
Angela Swanson						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DIS	TRICT NUMBER IF APPLICABLE)	BALLOT NO. (OR LETTER JUR	RISDICTION	T.	SUPPORT
El Dorado County Supervisor, District 5						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	40.000.000				
1598 Jackson Court South Lake	Tahoe CA 96150	Identify the	controlling officehol	der, candidate, or	state measure	proponent, if an
		NAME OF OF	FICEHOLDER, CANDIDATE	E, OR PROPONENT		
Related Committees Not Included in this	Statement: List any committees					
not included in this statement that are controlled by y contributions or make expenditures on behalf of your	INII OF are primarily formed to measure	OFFICE SOU	GHT OR HELD		DISTRICT NO.	IF ANY
COMMITTEE NAME	-					
SCHARL LE NAME	I.D. NUMBER					
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily	Formed Committe	e List names of off	iceholder(s) or c	andidate(s) for
	YES NO	7. Primarily which this co	Formed Committe ommittee is primarily fo	e List names of off ormed.	ficeholder(s) or c	andidate(s) for
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.	YES NO	which this co	Formed Committee ommittee is primarily for FICEHOLDER OR CANDID.	ormed.	iceholder(s) or c	
COMMITTEE ADDRESS STREET ADDRESS (NO P.	O. BOX)	which this co	ommittee is primarily to	ormed.		SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	YES NO	NAME OF OFF	ommittee is primarily to	ATE OFFICE SO		SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.I	O. BOX) IP CODE AREA CODE/PHONE	NAME OF OFF	FICEHOLDER OR CANDID	ATE OFFICE SO	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.	YES NO	NAME OF OFF	FICEHOLDER OR CANDIDA	ATE OFFICE SOI	UGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.I	O. BOX) IP CODE AREA CODE/PHONE	NAME OF OFF	FICEHOLDER OR CANDID	ATE OFFICE SOI	UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.I	O. BOX) IP CODE AREA CODE/PHONE	NAME OF OFF	FICEHOLDER OR CANDIDATE	ATE OFFICE SOL	UGHT OR HELD UGHT OR HELD UGHT OR HELD	SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.I. CITY STATE Z COMMITTEE NAME	P CODE AREA CODE/PHONE I.D. NUMBER	NAME OF OFF	FICEHOLDER OR CANDIDA	ATE OFFICE SOL	UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.I. CITY STATE Z COMMITTEE NAME	P CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFF	FICEHOLDER OR CANDIDATE	ATE OFFICE SOL	UGHT OR HELD UGHT OR HELD UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.I. CITY STATE Z COMMITTEE NAME NAME OF TREASURER	P CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFF	FICEHOLDER OR CANDIDATE	ATE OFFICE SOL	UGHT OR HELD UGHT OR HELD UGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from ____01/01/14 CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE 03/17/14 Page 3 of 16 through _ NAME OF FILER I.D. NUMBER Committee to Elect Angela Swanson Supervisor 2014 1363069 Column A Contributions Received Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTAL TO DATE General Elections 1. Monetary Contributions Schedule A, Line 3 \$ _____ 2.797 2. Loans Received Schedule B, Line 3 1/1 through 6/30 7/1 to Date 0 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ 2,797 2.797 20. Contributions Received 4. Nonmonetary Contributions Schedule C, Line 3 1,729 1.729 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 4,462 4.462 Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ Candidates 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 0 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 25 0 Date of Election Total to Date 0 0 (mm/dd/vv) 25 0 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ _____ 0 To calculate Column B, add 13. Cash Receipts Column A, Line 3 above 4.462 amounts in Column A to the 14. Miscellaneous Increases to Cash Schedule I, Line 4 corresponding amounts from Column B of your last 15. Cash Payments Column A, Line 8 above report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 4.462 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ ____ for this calendar year, only carry over the amounts *Since January 1, 2001. Amounts in this section may be Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if different from amounts reported in Column B. any). 18. Cash Equivalents See instructions on reverse \$ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

SCH		

Monetary	Contributions Received		whole dollars.	Statement coverage of the statement of the statement coverage of the s	vers period /01/14		FORM 460	
SEE INSTRUCTION	DNS ON REVERSE			through03	3/17/14	Page	4 of 16	
Committee	to Elect Angela Swanson Supervisor 2014					1.D. NUME 1363069		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
01/14/14	Angela Swanson 1598 Jackson Court South Lake Tahoe, CA 96150	IND COM OTH PTY SCC	City Council Member City of South Lake Tahoe	1000.00	1000	0.00		
03/14/14	Paul Peterson 1598 Jackson Court South Lake Tahoe, CA 96150	COM COM OTH PTY SCC	Surveillance Officer Mont Bleu	750.00	750	0.00		
3/17/14	Frances Swanson 6186 Arena Way Livingston, CA 95334	IND COM OTH PTY SCC	Retired	250.00	250	0.00		
3/17/14	Aisling Peterson 1598 Jackson Court South Lake Tahoe, CA 96150	MIND COM OTH PTY SCC	Student	250.00	250	0.00		
3/17/14	Christopher Peterson 6186 Arena Way Livingston, CA 95334	IND COM OTH SCC	Chef Blue Dog Pizza	250.00	250	0.00		
			SUBTOTAL \$	2500.00		j		
. Amount red (Include all . Amount red . Total mone	A Summary ceived this period – contributions of \$100 or more. Schedule A subtotals.) ceived this period – unitemized contributions of less that tary contributions received this period. 1 and 2. Enter here and on the Summary Page. Column	n \$100	\$	2500.00 297.00 2797.00	IND - COM OTH- PTY -	- Other · Political Par	Committee n PTY or SCC)	
 Total monet 	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colun			2797.00	SCC-	Political Par Small Contr	rty ributor Comm	

Schedule B – Part 1		Type or print in	ink.				SCHE	DULE B - PART 1
Loans Received	Ame	ounts may be re			Statement cov	ers period	CALIFORN	A ACO
		to whole dollar	rs.		from01/	01/14	FORM	^A 460
SEE INSTRUCTIONS ON REVERSE					through03	3/17/14	Page 5	of 16
NAME OF FILER							I.D. NUMBER	
Committee to Elect Angela Swanson Su	pervisor 2014						1363069	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMM-TTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEI THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
				\$FORGIVEN	\$	RATE	\$	\$PER ELECTION***
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$ <u></u>
				PAID				CALENDAR YEAR
				FORGIVEN	s	RATE	\$	PER ELECTION **
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				S	s	% RATE	\$	\$PER ELECTION ***
TO IND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0 \$	0	\$ O	s 0		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans	less than \$100 \	••••••	••••••	\$	0		*Amounts for	given or paid by
2. Loans paid or forgiven this period				¢	0		another party reported on S	also must be
(Total Column (c) plus loans under \$100 (Include loans paid by a third party that a	paid or forgiven.)		***************************************	······································			** If required.	
 Net change this period. (Subtract Line) Enter the net here and on the Summary 	2 from Line 1.)			NET \$	ay be a negative number)			
† Contributor Codes IND – Individual COM – Recipient Committee (oth	ner than DTV or SCC\ OTIL	Other DTV C	PAGE - LD				5000 F	- 400 (1) (0.11)
Toopien Committee (or	ner than PTY or SCC) OTH – (Juler PIY-Po	litical Party SC	C - Small Con	tributor Committee	FPPC Tol	FPPC Forn :ll-Free Helpline	n 460 (June/01) 866/ASK-FPPC

Schedule B – Part 2 Loan Guarantors		Type or print in ink. Amounts may be rounded to whole dollars.		Statem	ent covers period 01/01/14		
SEE INSTRUCTIONS ON REVERSE				through .	03/17/14	Page 6	of16
NAME OF FILER		3					
Committee to Elect Angela Swanson Sup	ervisor 2014					1.D. NUMBER 1363069	(
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF SOMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN		AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER			CALENDAR YEAR	
	□сом					\$	
	□отн		DATE			PER ELECTION	
	□PTY					(IF REQUIRED)	
	□scc					\$	
	□IND		LENDER		***************************************	CALENDAR YEAR	
	СОМ					s	
	□отн					PER ELECTION	
	PTY		DATE	ĺ		(IF REQUIRED)	
	□scc						
						\$	
	□IND		LENDER			CALENDAR YEAR	
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	□отн					PER ELECTION (IF REQUIRED)	
	□PTY		DATE			(IF REGUIRED)	
	□scc					\$	
						CALENDAR YEAR	
	□IND		LENDER			CALENDAN TEAR	
	□сом					\$	
	□отн		DATE			PER ELECTION (IF REQUIRED)	
	□PTY						
	□scc					\$	
			SUB	BTOTAL \$	0	Enter on Summery Page,	
					<u> </u>	Line 17 only.	

Schedule C **Nonmonetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SCHEDULE C Statement covers period CALIFORNIA 01/01/14 FORM from 03/17/14 through I.D. NUMBER

Committee to Elect Angela Swanson Supervisor 2014

	tiee to Elect Angela Swanson Supervisor	2014				136306	9
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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
2/1/14	Paula Peterson	⊠IND □COM □OTH □PTY □SCC	Organizer Big Blue Concierge	Fundraising	500.00		
3/1/14	Charter Advertising 3170 Hwy 50 Ste #2 South Lake Tahoe, CA 96150	⊠IND □COM □OTH □PTY □SCC		Graphics	1000.00		and the state of t
3/3/14	Bona Fide Books 1069 Magua Street, #4 South Lake Tahoe, CA 96150	□IND □COM □OTH □PTY □SCC		Meeting Space	100.00		
		□IND □COM □OTH □PTY □SCC					
ttach add	litional information on appropriately lab	eled continuati	on sheets.	SUBTOTAL \$	1600.00		

Schedule C Summary

1	. Amount received this period – nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	\$	1600.00
	Amount received this period – unitemized nonmonetary contributions of less than \$100		129.00
	Total nonmonetary contributions received this period.	TOTAL \$	1729.00

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule D **Summary of Expenditures** SCHEDULE D Type or print in ink. Statement covers period **Supporting/Opposing Other** Amounts may be rounded CALIFORNIA to whole dollars. **FORM** 01/01/14 Candidates, Measures and Committees from 03/17/14 - SEE INSTRUCTIONS ON REVERSE through NAME OF FILER I.D. NUMBER Committee to Elect Angela Swanson Supervisor 2014 1363069 NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR CUMULATIVE TO DATE PER ELECTION DATE TYPE OF PAYMENT DESCRIPTION **AMOUNT THIS** MEASURE NUMBER OR LETTER AND JURISDICTION. CALENDAR YEAR TO DATE (IF REQUIRED) **PERIOD** OR COMMITTEE (JAN. 1 - DEC. 31) (IF REQUIRED) ☐ Monetary Contribution Nonmonetary Contribution ☐ Independent ☐ Support Expenditure ☐ Oppose ☐ Monetary Contribution ☐ Nonmonetary Contribution Independent Expenditure ☐ Support ☐ Oppose Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent ☐ Support Expenditure Oppose SUBTOTAL \$ Schedule D Summary 1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)\$ 2. Unitemized contributions and independent expenditures made this period of under \$100\$

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Type or print Amounts may b to whole do	e rounded	Statement covers from 01/01/ through 03/17	/14	SCHEDULE D (CONT. CALIFORNIA 460 FORM 9 of 16		
	ee to Elect Angela Swanson Supervisor 2014					1.D. NUMI		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - D	E TO DATE R YEAR	PER ELECTION TO DATE (IF REQUIRED)	
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure					:	
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure	·					
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	\$ 0				

	hedule E yments Made	Ar	Type or prir nounts may to whole o	be rounde	d	fro		01/01/14		ORNIA 460
*************	INSTRUCTIONS ON REVERSE					thr	ough	03/17/14	Page _	10 of 16
NAM	E OF FILER					<u> </u>			I.D. NU	IMBER
-	Committee to Elect Angela Swanson Supervisor 2014								13630	69
COI OMP CNS CTB CVC FIL FND LEG LIT	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR MTG OFC PET PHO POL POS PRO PRT	member con meetings an office exper petition circu phone banks polling and postage, de professional	nmunication ad appearan ases ulating s survey rese livery and r	s ices	RAD RFD SAL TEL TRC TRS	radio a returne campa t.v. or candid staff/sp transfe voter r	airtime and production ed contributions sign workers' salaries cable airtime and pro ate travel, lodging, ar pouse travel, lodging,	duction cos duction cos and meals and meals as of the sa	ame candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE. ALSO ENTER I.D. NUMBER)	WWW.		CODE	OR	DESCRIPTIO	N OF PAY	/MENT		AMOUNT PAID
-										
						The state of the s				
* Pa	yments that are contributions or independent expenditures	must a	lso be summ	arized on	Schedule D.			SU	JBTOTAL S	
Sch	nedule E Summary									
1. P	ayments made this period of \$100 or more. (Include all So	chedul	e E subtotal	s.)	•••••	•••••	******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$	0
	nitemized payments made this period of under \$100									
	otal interest paid this period on loans. (Enter amount from									
4. To	otal payments made this period. (Add Lines 1, 2, and 3. E	nter he	ere and on th	ne Summ	ary Page, Colu	mn A, Line 6	.)	то	TAL \$_	0

Schedule F Accrued Expenses (Unpaid Bills) . see instructions on reverse	Type or print in ink. Amounts may be round to whole dollars.	ded	from	ers period 01/14 /17/14	CALIFORNIA 460 FORM of 16
NAME OF FILER					I.D. NUMBER
Committee to Elect Angela Swanson Supervisor 2014					1363069
CODES: If one of the following codes accurately described campaign paraphemalia/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 LIT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	ns nces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable ai TRC candidate trav TRS staff/spouse tr	and production costibutions kers' salaries rtime and product el, lodging, and m avel, lodging, and ben committees of ion	ion costs eals I meals I the same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PA THIS PERIO (ALSO REPORT C	D BALANCE AT CLOSE
					-
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS :	\$:	S	\$	\$
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized a 	chedule F, Column (b) su accrued expenses under S	btotals for \$100.)	INCL	JRRED TOTAL	_S \$0
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized p	edule F, Column (c) subto	tals for payments on			
3. Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)	er the difference here on	4			

Schedule F		
(Continuation Shee	t)	
Accrued Expenses	(Unpaid	Bills)

campaign literature and mailings

· NAME OF FILER

LIT

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

SCHEDULE F (CONT.)

Statement covers period from 01/01/14	CALIFORNIA 460
through03/17/14	Page 13 of 16
 1,	I.D. NUMBER
	1363069

Committee to Elect Angela Swanson Supervisor 2014

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 t.v. or cable airtime and production costs FIL candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals FND fundraising events polling and survey research

independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense professional services (legal, accounting)

PRO print ads staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

VOT

voter registration WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Elections Dept., County of El Dorado 2850 Fairlane Court Placerville, CA 95667	LIT	0	25		25
	SUBTOTALS	0 :	25	\$ 0	\$ 25

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from01/01/14	california 460
		through 03/17/14	Page 14 of 16
SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER			I.D. NUMBER
Committee to Elect Angela Swanson Supervisor 2014			1363069
NAME OF AGENT OR INDEPENDENT CONTRACTOR			
CODES: If one of the following codes accurately describe	s the payment, you may enter the code.	Otherwise, describe the paymer	nt.
CMP campaign paraphemalia/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 pro-	duction costs

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, 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
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)	VOT	voter registration
ЦT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID

	<u></u>				
Attach additional information on appropriately labeled continuation sheets.			Ţ	OTAL* \$	0

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H Loans Made to Others*		Amounts	or print in ink. may be rounded tole dollars.		Statement co	overs period	CALIFORI FORM	SCHEDULE
SEE INSTRUCTIONS ON REVERSE					through0	3/17/14	Page 15	مر 16
NAME OF FILER					unougn		, age	. of
Committee to Elect Angela Swanson	Supervisor 2014						I.D. NUMBER	
		(a)	41				1363069	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	74100141	(c) REPAYMENT C FORGIVENES THIS PERIOD	S CLOSE OF THIS	INTERCOT	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID S FORGIVEN		% RATE	s	CALENDAR YEAR \$ PER ELECTION**
		\$	\$	s	DATE DUE	s	DATE INCURRED	\$
				\$ FORGIVEN	s	% RATE	\$	CALENDAR YEAR \$ PER ELECTION**
		,	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candida must also be summarized on Schedule D. Loans also be reported on Schedule E.	ate or committee s forgiven must	SUBTOTALS	\$ 0	\$ C	\$ 0	\$ 0		
						(Enter (e) on	<u> </u>	
Schedule H Summary						Schedule I, Line 3)		
	ess than \$100)		••••••		\$	0		
Payments received on loans (Total Column (c) plus unitemized payme	nts less than \$100)					0		**If Required
3. Net change this period. (Subtract Line (Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 7.)			• • • • • • • • • • • • • • • • • • • •	NET \$	O be a negative number)	-	

liscellaneous In	creases to Cash	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNIA 46
			from 01/01/14	FORM 40
EE INSTRUCTIONS ON REVER AME OF FILER	RSE		through 03/17/14	Page 16 of 16
Committee to Elect	Angela Swanson Supervisor 2014			I.D. NUMBER 1363069
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	DE	SCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	,			
ingle of the				
Attach additional inform	ation on appropriately labeled continuation sheets.			
nedule I Summar			SUBTOTAL	\$
icreases to cash of	\$100 or more this period.			
Initemized increases	to cash under \$100 this period		\$0	
	to cash under \$100 this period	dula II O.I	\$ <u>0</u>	
otal miscellaneous in	ncreases to cash this period. (Add Lines 1, 2, an	d 3. Enter here and on the	\$0	
,9, Lillo	14.)		TOTAL \$ 0	