Recipient Committee Campaign Statement	Type or print in ink		Date Stamp 5	COVER PAGE CALIFORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period	Date of election if annihable CT 6 2014		Page1 _ of17
	from07/01/14	(Month, Day, Year)		For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through09/30/14	November 4, 2014CITY OF SOUTH LAKE TAHOE	E TAHOE	
1. Type of Recipient Committee: All Committees -	All Committees – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee	Primarily Formed Ballot Measure Committee	Preelection StatementSemi-annual Statement	☐ Quarterly	Quarterly Statement Special Odd-Year Report
(Also Complete Part 5)	 ○ Controlled ○ Sponsored (Also Complete Part 6) 	☐ Termination Statement (Also file a Form 410 Termination)	Suppleme Statemen	Supplemental Preelection Statement - Attach Form 495
General Purpose Committee	Primarily Formed Candidate/	Amendment (Explain below)		
 Sponsored Small Contributor Committee Political Party/Central Committee 	Officeholder Committee (Also Complete Part 7)			
3. Committee Information	1.D. NUMBER 1372140	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	iii)	NAME OF TREASURER W Karsen Carrett CPA		
	-	MAILING ADDRESS 2264 Lake Tahoe Blvd Suite 9		
STREET ADDRESS (NO P.O. BOX) 1598 Jackson Court			STATE ZIP CODE CA 96150	AREA CODE/PHONE 530 542-1376
STATE	Е	NAME OF ASSISTANT TREASURER, IF ANY		
	530 318-7063			
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P O Box 17119	BOX	MAILING ADDRESS		
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
South Lake Tahoe CA 96151	51			
angelaswanson@sbcglobal.net		OPTIONAL: FAX / E-MAIL ADDRESS		
. Verification				
I have used all reasonable diligence in preparing and reviewing this statement and to the bestof my knowledge the information countries under penalty of perjury under the laws of the State of California that the foregoing is true and coulect	ing this statement and to the bestof my knov	wedge the information contained herein and in the at	ached schedules is	ntained herein and in the attached schedules is true and complete. I certify
Executed on October 5, 2014	By	Signature of Treasurer of Sisteration Treasurer		
Executed on October 5, 2014	By Signature of Contro	Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Officer of Sponsor	
Executed on	By	Signature of Controlling Officeholder Capdidate, State Measure Bronopest		1
Executed on	Ву	idenatura of Controllina Officebolder Canalidata Stata Massura Brosonan		
Date		Signature of Controlling Officeholder, Candidate, State Measure Proponent	7	FPPC Form 460 (January/05)

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2	IFORNIA ORM	COVER
<mark>오</mark>	A	PAG
17	160	COVER PAGE - PART 2
		110

	Attach continuation sheets if necessary	continuatio	Attach	ODE AREA CODE/PHONE	STATE ZIP CODE	CITY
HT OR HELD	OFFICE SOUGHT OR HELD	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	CONTROLLED COMMITTEE? VES NO NO	STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
HT OR HELD	OFFICE SOUGHT OR HELD	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	I.C. NOWDEN		
T OR HELD	OFFICE SOUGHT OR HELD	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	ODE AREA CODE/PHONE	STATE ZIP CODE	COMMITTEE NAME
OR HELD	OFFICE SOUGHT OR HELD	NDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE		STREET ADDRESS (NO P.O. BOX)	COMMITTEE ADDRESS
mittee Lisi	ned Candidate/Officeholder Committee List candidate(s) for which this committee is primarily formed	idate/Offic	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	CONTROLLED COMMITTEE?		NAME OF TREASURER
				I.D. NUMBER		COMMITTEE NAME
DISTRICT NO. IF ANY	DIS		OFFICE SOUGHT OR HELD	tement: List any committees or are primarily formed to receive ididacy.	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
	ROPONENT	IDATE, OR PR	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT			
measure pi	andidate, or state	eholder, cai	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ET) CITY STATE ZIP South Lake Tahoe CA 96150	DDRESS (NO. AND STRE	RESIDENTIAL/BUSINESS AI
SUPPORT OPPOSE	ÖN	JURISDICTION	BALLOT NO. OR LETTER	OT NUMBER IF APPLICABLE)	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) South Lake Tahoe City Council	South Lake Tahoe City Council
						Angela Swanson
			NAME OF BALLOT MEASURE		OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE
	Committee	Measure	6. Primarily Formed Ballot Measure Committee	ittee	Officeholder or Candidate Controlled Committee	5. Officeholder or Ca
STATE OF THE PERSON NAMED		WASHINGTON TO SELECT THE PERSON NAMED IN COLUMN NAMED IN COLUM	A COLONO DE LA COLONO DE			

Summary Pag Campaign Disclosure Statement

Type or print in ink.

Amounts may be rounded

SUMMARY PAGE

Summary Page	to whole dollars.	State from	Statement covers period 07/01/14	FORM 460
SEE INSTRUCTIONS ON REVERSE		through	09/30/14	Page3 of17
NAME OF FILER				I.D. NUMBER
Friends of Angela Swanson for City Council 2014				1372140
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALTODATE	Calendar Year Summary for Candidates Running in Both the State Primary and	nary for Candidates State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3	\$ 3,405.00	\$ 3,405.00	General Elections	ns 1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 3,405.00	\$ 3,405.00	20. Contributions Received \$	⇔
TOTAL CONTRIBUTIONS RECEIVED	\$ 3,405.00	\$ 3,405.00	21. Expenditures Made \$	₩
xpenditures Made Payments Made Schedule E, Line 4	\$ 2,707.80	\$ 2,707.80	Expenditure Limit Summary for State Candidates	ummary for State
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2,707.80	\$ 2,707.80	22. Cumulative (If Subject to V	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 10. Nonmonetary AdjustmentSchedule C, Line 3	0.00	0.00	Date of Election (mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE	\$ 2,707.80	\$ 2,707.80		⇔
Current Cash Statement 12. Beginning Cash Balance	\$ 0.00	To calculate Column B, add amounts in Column A to the		()
	0.00 2 707 80	corresponding amounts from Column B of your last report. Some amounts in	*Amounts in this section may be different from amounts reported in Column B.	y be different from amounts
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$	697.20	Column A may be negative figures that should be		
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$		for this calendar year, only carry over the amounts		
sh Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).		
18. Cash Equivalents See instructions on reverse \$				

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

0.00

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Monetary Contributions Received Schedule A

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

SCHEDULE A

Monetary	Monetary Contributions Received	Amount to	Amounts may be rounded to whole dollars.	Statement covers period 07/01/14	covers period 07/01/14	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through09	09/30/14	Page4 of17
NAME OF FILER Friends of	NE OF FILER Friends of Angela Swanson for City Council 2014					I.D. NUMBER 1372140
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)	DATE PER ELECTION TO DATE TO DATE (IF REQUIRED)
9/14/2014	Angela Swanson 1598 Jackson Court South Lake Tahoe, CA 96150	□ COM □ PTY □ SCC	School Facility Plng Con -Owner	500.00		
9/17/2014	Frances Swanson 6186 Arena Way Livingston, CA 95334	□ COM □ OTH □ SCC	Retired	500.00		
9/24/2014	Kathy Campion 1196 Gold Dust Trail South Lake Tahoe, CA 96150	□ COM □ COM □ OTH □ PTY □ SCC	Tahoe Marine Research and Education - Wildlife Biologist	100.00		
	Karen Fink 1190 Lodi Avenue South Lake Tahoe, CA 96150	OTH SCC	Tahoe Regional PIng Agency -Principal Planner	100.00		
	Cynthia Bagdikian 268 Beach Drive South Lake Tahoe, CA 96150	OTH SCC	Barton Hospital -Substitute Nurse	200.00		
			\$UBTOTAL	1,400.00		
Schedule A 1. Amount rece (Include all S	chedule A Summary Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		\$	2,900.00	*Contr IND-I COM-	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)
 Amount rec Total monet 	Amount received this period – unitemized monetary contributions of less than \$100 Total monetary contributions received this period.	of less than \$	100\$	505.0i0	OTH -	OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee
(Add Lines	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	in A, Line 1.)	* TOTAL	0,403.00		EDDC Form 460 (January/05)

Schedule A (Continuation Sheet) Monetary Contributions Received

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

from

Statement covers period

07/01/14

SCHEDULE A (CONT.)

				through 09/	09/30/14	Page 5	5 of 17
NAME OF FILER		,				I.D. NUMBER	Z
Friends of A	Friends of Angela Swanson for City Council 2014					1372140	
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)	DATE EAR 31)	PER ELECTION TO DATE (IF REQUIRED)
09/24/2014	Paul Peterson 1598 Jackson Court South Lake Tahoe, CA 96150	□ COM □ PTY □ SCC	Surveillance Officer Mont Bleu	\$1,500.00			
		□ IND □ COM □ OTH □ PTY □ SCC					
		□ IND □ COM □ PTY □ SCC			,		
, y		□ IND □ COM □ OTH □ PTY □ SCC					
		OTH SCC					
			SUBTOTAL \$	1 500 00			

IND – Individual

COM – Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

L S

Type or print in ink.

SCHEDULE B - PART 1

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Net change this period. (Subtract Line 2 from Line 1.)	(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	Coppe paid or foreign this poriod	(Total Column (b) plus unitemized loans of less than \$100.)	Oans received this period	Schedule B Summary		IND COM OTH PTY scc			IND COM OTH PTY SCC			†□ IND □ COM □ OTH □ PTY □ SCC	N/A		FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Friends of Angela Swanson for City Council 2014	NAME OF FILER	SEE INSTRUCTIONS ON REVERSE	Schedule B – Part 1 Loans Received
2 from Line 1.) Page, Column A, Line 2.	paid or forgiven.) are also itemized on Schedi															IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	cil 2014			Amo
	ule A.)					SUBTOTALS \$	69			69			φ 			(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD				Amounts may be rounded to whole dollars.
÷							69			50			φ			(b) AMOUNT RECEIVED THIS PERIOD				s.
NET \$	-	Ð		æ			چه ا	FORGIVEN	PAID		FORGIVEN	PAID		FORGIVEN	PAID	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *			t	
0.00 (May be a negative number)				0.00		€	DATE DUE	60		DATE DUE	80		DATE DUE	8		OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD			through(Statement covers period 07/01/14
_	ا) -	ا		(Enter (e) on Schedule E, Line 3)	€ S	6	RATE		6	RATE		٠ •	RATE		(e) INTEREST PAID THIS PERIOD			09/30/14	07/01/14
SCC – Small Contri	Other than PTY or SCC) OTH – Other (e.g., business entity) PTY – Political Party	IND – Individual	†Contributor Codes				DATE INCURRED	\$		DATE INCURRED	8		DATE INCURRED	6		ORIGINAL AMOUNT OF LOAN	1372140	I.D. NUMBER	Page 6	CALIFORNIA FORM
Small Contributor Committee	(other than PTY or SCC) Other (e.g., business entity) Political Party	mmittee					60	PER ELECTION **	CALENDAR YEAR	\$ P	PER ELECTION **	CALENDAR YEAR	<i>y</i>	\$PER ELECTION***	CALENDAR YEAR	CUMULATIVE CONTRIBUTIONS			of	460 460

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Loan Guarantors Schedule B - Part

		SCHEDULE B-PART 2
Schedule B - Part 2 Amounts may be rounded Amounts may be rounded	Statement covers period	CALIFORNIA A CO
Loan Guarantors to whole dollars.	from07/01/14	FORM 400
SEE INSTRUCTIONS ON REVERSE	through09/30/14	Page7 of17
NAME OF FILER		I.D. NUMBER
Friends of Angela Swanson for City Council 2014		1372140

															N/A			FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)
	□scc	PTY	COM		SCC	ALO []	COM	5	□scc	□ PTY	□отн	COM	JIND	□scc	□ PTY	COM	□ ND	CONTRIBUTOR CODE
																		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
SUBTOTAL		DATE		LENDER		DATE	E N			r.	DATE		LENDER		DATE		LENDER	LOAN
\$ 0.00																		AMOUNT GUARANTEED THIS PERIOD
Enter on Summary Page, Line 17 only.	69	(IF REQUIRED)	PER ELECTION	CALENDAR YEAR	\$	(IF REQUIRED)	PER ELECTION	CALENDAR YEAR	\$		PER ELECTION	\$	CALENDAR YEAR	\$	(IF REQUIRED)	\$	CALENDAR YEAR	CUMULATIVE TO DATE
																		BALANCE OUTSTANDING TO DATE

Schedule C Nonmonetar

Type or print in ink.

Amounts may be rounded

SCHEDULE C

Nonmon	Nonmonetary Contributions Received		to whole dollars.		Staten	Statement covers period 07/01/14	riod	CALIFORN	CALIFORNIA 460
SEE INSTRUCTI	SEE INSTRUCTIONS ON REVERSE				through_	09/30/14		Page 8	_ of17
NAME OF FILER								I.D. NUMBER	
Friends of	Friends of Angela Swanson for City Council 2014							1372140	
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)	VE TO	PER ELECTION TO DATE (IF REQUIRED)
	N/A	□IND □COM □OTH □PTY □SCC							
		□ IND □ COM □ PTY □ SCC							
		□ IND □ COM □ PTY □ SCC							
		□ IND □ COM □ OTH □ SCC							
Attach addi	Attach additional information on appropriately labeled continuation sheets.	ed continuation	on sheets.	SUBTOTAL \$	AL \$				

0

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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	0.00	2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	ochequie C Summary
	SCC - Small Contributor Committee	OTH – Other (e.g., business entity) PTY – Political Party	IND – Individual COM – Recipient Committee (other than PTY or SCC)	*Contributor Codes

Schedule D Summary of Exp Supporting/Opp Candidates, Me

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400	FORM	07/01/14
160	CALIFORNIA	nt covers period
SCHEDULED		

Supporting Candidate	Supporting/Opposing Other Candidates, Measures and Committees	Amounts may be rounded to whole dollars.	rounded llars.	Statement covers period from07/01/14		4 4
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through09/30/14		Page9 of17
NAME OF FILER Friends of A	ME OF FILER Friends of Angela Swanson for City Council 2014				-	I.D. NUMBER 1372140
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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION EAR TO DATE (IF REQUIRED)
	N/A	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent				
	☐ Support ☐ Oppose	-				
		Monetary Contribution Nonmonetary Contribution Independent				
	☐ Support ☐ Oppose	Expenditure				
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent				
	☐ Support ☐ Oppose	11 .	SUBTOTAL	4		
			SUBTOTAL \$	49		

Schedule D Summary

Schedule D (Continuation Sheet) Summary of Expenditu Supporting/Opposing Candidates, Measures

et) Type or print in ink. Amounts may be rounded to whole dollars. Ires and Committees	Statement covers period	SCHEDULE D (CONT.) CALIFORNIA 460 FORM Page 10 of 17	
		Page10 of17	
		I.D. NUMBER	
nson for City Council 2014		1372140	

Supportin	Supporting/Opposing Other	to whole dollars.	ollars.	from 07/01/14	And the second	FORM 460
Candidate	Candidates, Measures and Committees			through09/30/14		Page10 of17
NAME OF FILER Friends of L	we of filer Friends of Angela Swanson for City Council 2014				.t =	I.D. NUMBER 1372140
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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	DATE PER ELECTION LAR TO DATE (IF REQUIRED)
	N/A					
	☐ Support ☐ Oppose	Expenditure				
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent				
	☐ Support ☐ Oppose	1 -				
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent				,
	☐ Support ☐ Oppose	Expenditure				
		☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent				
	☐ Support ☐ Oppose	11				
			SUBTOTAL	\$ 0.00		

Schedule E Payments Made

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

NAME OF FILER SEE INSTRUCTIONS ON REVERSE Friends of Angela Swanson for City Council 2014 1372140

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

	LEG SAP
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings
	PRO
	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal print ads
CODE OR	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads
DESCRIPTIO	RAD SAL TRC TRS TSF VOT WEB
DESCRIPTION OF PAYMENT	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)
AMOUNT PAID	ts me candidate/sponsor e-mail)

2,685.76	hedule D. SUBTOTAL\$	arized on Sci	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
2,500.00	Ck #102	CNS	Clifford Moss 5111 Telegraph Ave, Suite 307 Oakland, CA 94609
185.76	Ck #101	CMP	Redwood Printing 854 Emerald Bay Road South Lake Tahoe, CA 96150
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Schedule E Summary

2. Unitemized payments made this period of under \$100\$ 1. Itemized payments made this period. (Include all Schedule E subtotals.)\$

2,685.76

22.04

0.00

- ω Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 2,707.80

Payments Made Schedule E (Continuation Sheet)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of Angela Swanson for City Council 2014

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

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

from Statement covers period 07/01/14 09/30/14

17

through CALIFORNIA 1372140 Page_ I.D. NUMBER FORM 12 앜

* Payı					
Payments that are contributions or independent expenditures must also be summarized on Schedule D.			N/A	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary) civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings
so be sur					MBR PRO PRO PRO PRO PRO PRO PRO PRO PRO PR
nmarized on S					member communications meetings and appearanc office expenses petition circulating phone banks polling and survey resea postage, delivery and meprofessional services (leprint ads
Schedule D.				CODE OR	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and mess professional services (legal,
					member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads
				DESCRIPTI	RAD
\$UBTOTAL				DESCRIPTION OF PAYMENT	O radio airtime and production costs returned contributions 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 roter registration sinformation technology costs (internet, e-mail)
\$				AMOUNT PAID	sts ame candidat
0.00				T PAID	le/sponsor

Accrued Expenses (Unpaid Bills) Schedule F

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

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

09/30/14	from07/01/14	Statement covers period
		ö

through

CALIFORNIA FORM 17

Page I.D. NUMBER

13

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* Payments that are contributions or independent expenditures must also be summarized on Schedule D. Q ₹ Schedule F Summary CODES: Friends of Angela Swanson for City Council 2014 campaign paraphernalia/misc. civic donations contribution (explain nonmonetary)* campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)* fundraising events candidate filing/ballot fees campaign consultants N A If one of the following codes accurately describes the NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 필요종 PD DESCRIPTION OF PAYMENT payment, you may enter the code. Otherwise, describe the payment. phone banks petition circulating office expenses meetings and appearances member communications professional services (legal, accounting) postage, delivery and messenger services polling and survey research CODE OR SUBTOTALS 4 OUTSTANDING
BALANCE BEGINNING
OF THIS PERIOD (a) 6 (b)
AMOUNT INCURRED
THIS PERIOD SAL VOT TRS 컹 垣 information technology costs (internet, e-mail) candidate travel, lodging, and meals radio airtime and production costs voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals campaign workers' salaries returned contributions t.v. or cable airtime and production costs ₩ (c)
AMOUNT PAID
THIS PERIOD
(ALSO REPORT ON E) 1372140 4 OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ٥

'n

accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	 Iotal accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
temized	ude all
d accrued expenses under \$100.)	Schedule F, Column (b) subtotals for

INCURRED TOTALS \$

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

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

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

..... NET \$

May be a negative number

0.00

SCHEDULE F (CONT.)

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

NAME OF FILER

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

through Statement covers period 07/01/14 09/30/14 CALIFORNIA FORM Page 14 I.D. NUMBER <u>으</u>, 460 17

from_

		N/A	NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may e CMP campaign paraphernalia/misc. CNS campaign consultants CVC civic donations FIL candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings *Payments that are contributions or independent expenditures must also be summarized on Schedule D. *Payments that are contributions or independent expenditures must also be summarized on Schedule D.
SUBTOTALS			CODE OR DESCRIPTION OF PAYMENT	es the payment, you may enter the code. MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads so be summarized on Schedule D.
\$			(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	nter the code.
₩			(b) AMOUNT INCURRED THIS PERIOD	Otherwise, describe the payment. RAD radio airtime and production of RED returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and TRS staff/spouse travel, lodging, and transfer between committees vot voter registration WEB information technology costs
			(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	, describe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same cal voter registration information technology costs (internet, e-mail)
\$ 0,00			(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals rransfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)

Contractor (on Behalf of This Committee) Payments Made by an Agent or Independent Schedule G

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

from. Statement covers period 07/01/14

through

Page ___

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09/30/14

SCHEDULE G

NAME OF AGENT OR INDEPENDENT CONTRACTOR SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Angela Swanson for City Council 2014 1372140 I.D. NUMBER

8	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	es the	payment, you may enter the code. Othe	erwise,	describe the payment.
₹	campaign paraphernalia/misc.	MBR	MBR member communications	RAD r	radio airtime and production costs
Š	campaign consultants	MTG	meetings and appearances	RFO	returned contributions
핅	contribution (explain nonmonetary)*	유	office expenses	SAL	campaign workers' salaries
Š	civic donations	円	petition circulating	百	t.v. or cable airtime and production costs
_	candidate filing/ballot fees	뫔	phone banks		candidate travel, lodging, and meals
Ó	ND fundraising events	POL	polling and survey research	TRS s	staff/spouse travel, lodging, and meals
6	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services		transfer between committees of the same candidate/sponsor
G	legal defense	PRO	professional services (legal, accounting)	VOT V	voter registration
7	campaign literature and mailings	PRT	print ads	WEB ii	WEB information technology costs (internet, e-mail)

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0.00	TOTAL* \$		Attach additional information on appropriately labeled continuation sheets.
			N/A
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

^{*} 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.

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Amounts may be rounded to whole dollars.

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	through09/30/14	from07/01/14	Statement covers period
I.D. NUMBER	Page16 of	FORM 400	CALIFORNIA A CO

SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through		I.D. NUMBER	of
Friends of Angela Swanson for City Council 2014	ncil 2014						1372140	
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	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				PAID				CALENDAR YEAR
N/A				FORGIVEN	9	RATE		PER ELECTION**
		<i>\(\sigma \)</i>	8	5	DATE DUE	5	DATE INCURRED	جه الله الله الله الله الله الله الله ال
				PAID				CALENDAR YEAR
				FORGIVEN		RATE		PER ELECTION**
		\$	S	S .	DATE DUE	50	DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	ate or committee s forgiven must	SUBTOTALS	\$	₩	↔	₩		

(Enter (e) on Schedule I, Line 3)

Schedule H Summary

ω	2. F	. <u>'</u>
3. Net change this period. (Subtract Line 2 from Line 1.)	2. Payments received on loans\$\$ (Total Column (c) plus unitemized payments of less than \$100.)	1. Loans made this period\$\$ (Total Column (b) plus unitemized loans of less than \$100.)
		**If Required

Schedule I

Type or print in ink.

Miscellaneous Incr	eases to Cash	Amounts may be rounded to whole dollars.	Statement covers period 07/01/14 from07/30/14 through09/30/14	CALIFORNIA 460 FORM Page 17 of 17
NAME OF FILER				I.D. NUMBER
Friends of Ano	Friends of Angela Swanson for City Council 2014			1372140
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	N/A			

Schedule I Summary

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

- 1. Itemized increases to cash this period. \$
- 2. Unitemized increases to cash of under \$100 this period......\$

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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