

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
FORM

Date Stamp
OCT 24 2014

Page 1 of 1
For Official Use Only

Type or print in ink.

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

11-4-14

Statement covers period
from 10-1-14
through 10-18-14

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

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

3. Committee Information

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

I.D. NUMBER 1365974

COMMITTEE TO ELEG KENNY CURZWILSKA

STREET ADDRESS (NO P.O. BOX)

2189 BLITZEN ROAD

CITY SOUTH LAKE TAHOE CA 96151

STATE CA

ZIP CODE 96150

AREA CODE/PHONE 530-538-0265

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

P.O. BOX 551414

CITY SOUTH LAKE TAHOE CA 96151

STATE CA

ZIP CODE 96151

AREA CODE/PHONE 530-577-5078

OPTIONAL: FAX / E-MAIL ADDRESS

SKIPUNTING @ SPCCLOBSTER.NET

Treasurer(s) KENNY CURZWILSKA

NAME OF TREASURER

2189 BLITZEN ROAD

MAILING ADDRESS

SOUTH LAKE TAHOE CA 96151

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10-24-14

Date

By

Executed on 10-24-14

Date

By

Executed on

Date

By

Executed on

Date

By

Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officer/Candidate, State Measure Proponent or Responsible Officer of Sponsor

Signature of Controlling Officer/Candidate, State Measure Proponent

Signature of Controlling Officer/Candidate, State Measure Proponent

001 2 4 2017

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 10-1-14
through 10-18-14

CALIFORNIA
FORM **460**

Page 2 of 2

I.D. NUMBER
1365979

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Committee to Elect Keny Crawford

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>499</u>	<u>4529</u>
2. Loans Received	Schedule B, Line 3 \$ <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>499</u>	<u>4529</u>
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>499</u>	<u>4529</u>

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>1507</u>	<u>4110</u>
7. Loans Made	Schedule H, Line 3 \$ <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>1507</u>	<u>4110</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>1507</u>	<u>4110</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) _____ Total to Date \$ _____

_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>1225</u>
13. Cash Receipts	Column A, Line 3 above \$ <u>499</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0</u>
15. Cash Payments	Column A, Line 8 above \$ <u>1507</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>717</u>

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

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).

LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

19. Outstanding Debts