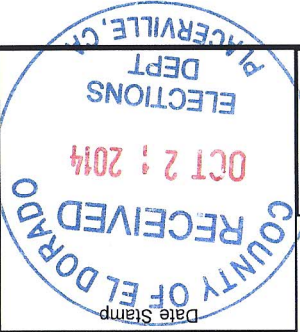


**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE



CALIFORNIA  
**460**  
FORM

COVER PAGE

Page 1 of 14  
For Official Use Only

Statement covers period from 10/1/14 through 10/18/14	Date of election if applicable: (Month, Day, Year) 11/4/14
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**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

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

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

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) \_\_\_\_\_  
I.D. NUMBER 1360407

**COMMITTEE TO ELECT NOVASEL 2014**

STREET ADDRESS (NO P.O. BOX) 3080 ELF LANE CITY SOUTH LAKE TAHOE STATE CA ZIP CODE 96150 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 530-577-6027	STREET ADDRESS (NO P.O. BOX) 625 CAYUGA CIR CITY SO LAKE TAHOE STATE CA ZIP CODE 96150 MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE	CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	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 10/19/14 Date	Executed on _____ Date
By _____ Signature of Treasurer or Assistant Treasurer	By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ Date	By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
Executed on _____ Date	By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

**Campaign Disclosure Statement**  
Summary Page

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

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

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SUMMARY PAGE

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

COMMITTEE TO ELECT NOVASEL 2014

I.D. NUMBER  
1360407

**Contributions Received**

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
\$ 2801.00	\$ 23817.00
Schedule A, Line 3	
1. Monetary Contributions	
\$ 0	\$ 5700.00
Schedule B, Line 3	
2. Loans Received	
\$ 2801.00	\$ 29517.00
Add Lines 1 + 2	
3. SUBTOTAL CASH CONTRIBUTIONS	
\$ 0	\$ 2058.00
Schedule C, Line 3	
4. Nonmonetary Contributions	
\$ 2801.00	\$ 31575.00
Add Lines 3 + 4	
5. TOTAL CONTRIBUTIONS RECEIVED	

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

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

**Expenditures Made**

\$ 6421.16	\$ 30614.65
Schedule E, Line 4	
6. Payments Made	
\$ 0	\$ 0
Schedule H, Line 3	
7. Loans Made	
\$ 6421.16	\$ 30614.65
Add Lines 6 + 7	
8. SUBTOTAL CASH PAYMENTS	
\$ 0	\$ 2058.00
Schedule F, Line 3	
9. Accrued Expenses (Unpaid Bills)	
\$ 0	\$ 32672.65
Schedule G, Line 3	
10. Nonmonetary Adjustment	
\$ 6421.16	\$ 32672.65
Add Lines 8 + 9 + 10	
11. TOTAL EXPENDITURES MADE	

**Expenditure Limit Summary for State  
Candidates**

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

Date of Election	/ /	Total to Date
(m/d/yyyy)	/ /	\$

**Current Cash Statement**

\$ 6207.32	\$ 2801.00
Previous Summary Page, Line 16	Column A, Line 3 above
12. Beginning Cash Balance	
\$ 0	\$ 0
Schedule I, Line 4	
13. Cash Receipts	
\$ 6421.16	\$ 6421.16
Column A, Line 8 above	
14. Miscellaneous Increases to Cash	
\$ 2587.16	\$ 2587.16
Add Lines 12 + 13 + 14, then subtract Line 15	
15. CASH PAYMENTS	
\$ 0	\$ 0
Schedule B, Part 2	
16. ENDING CASH BALANCE	
\$ 5700.00	\$ 5700.00
Add Line 2 + Line 9 in Column B above	
17. LOAN GUARANTEES RECEIVED	
\$ 0	\$ 0
See instructions on reverse	
18. Cash Equivalents	
\$ 0	\$ 0
Add Line 2 + Line 9 in Column B above	
19. Outstanding Debts	

**Cash Equivalents and Outstanding Debts**

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.

Statement covers period

from 10/1/14

through 10/18/14

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I.D. NUMBER

1360407

COMMITTEE TO ELECT NOVASEL 2014

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

**Schedule A  
Monetary Contributions Received**

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

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 (JAN. 1 - DEC. 31) PER ELECTION TO DATE (IF REQUIRED)

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 (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/7/14	DONALD KORTES P O BOX 9331 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	RETIRED	100	100	100
10/7/14	PUBLIC EMPLOYEES UNION LOCAL #1 ID 760790 5034 BLUM ROAD - MARTINEZ CA 94553	<input checked="" type="checkbox"/> COM <input type="checkbox"/> IND <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000	2000	2000
10/15/14	KINDRED MURILLO 1923 MARCONI WAY SO LAKE TAHOE CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT LAKE TAHOE COMMUNITY COLLEGE	150	250	250
<b>SUBTOTAL \$ 2250</b>						

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) \$ 2250

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 551

3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 2801

\*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 B - Part 1**  
**Loans Received**

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

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

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
COMMITTEE TO ELECT NOVASEL 2014

I.D. NUMBER  
1360407

(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC
\$ 8000	\$ 0	\$ 0	\$ 8000	0 %	\$ 10000	\$ 21950	BOB NOVASEL 3170 HIGHWAY 50 SO LAKE TAHOE CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
\$	\$	\$	\$	%	\$	\$	MORTGAGE BROKER WESTERN HIGHLAND MORTGAGE	<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	
\$	\$	\$	\$	%	\$	\$		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	
<b>SUBTOTALS \$</b>									
0 \$									
0 \$									
0 \$									

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

**Schedule B Summary**

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 0  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

# Schedule E Payments Made

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period 10/1/14 from 10/18/14 through		Page 9 of 14	NAME OF FILER COMMITTEE TO ELECT NOVA SEL 2014
CALIFORNIA FORM <b>460</b>		I.D. NUMBER 1360407	

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

- OMP 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 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
- 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
- VOI 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
THE WINDFALL 484 MAIN STREET SUITE 13 PLACERVILLE CA 95619	PRT	ADVERTISING	490
SOUTH TAHOE CHAMBER OF COMMERCE 2572 LAKE TAHOE BLVD SO LAKE TAHOE CA 96150	PRT	ADVERTISING	500
TAHOE TRIBUNE 3079 HARRISON AVE SO LAKE TAHOE CA 96150	PRT	ADVERTISING	490

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

**SUBTOTAL \$** 1480

## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals). \$ 6400.00
2. Unitemized payments made this period of under \$100 ..... \$ 21.16
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e); ..... \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 6421.16

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

**CALIFORNIA  
FORM 460**

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

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
COMMITTEE TO ELECT NOVASEL 2014

I.D. NUMBER  
1360407

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

- OMP** 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 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
- 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
EXQUISITE GRILL P O BOX 9723 SO LAKE TAHOE CA 96158	FND		FOOD	384.00
ANGIES SIGNS 1063 MAGUA ST SO LAKE TAHOE CA 96150	PRT		OUTDOOR SIGNS	787.43
BRITTA NAUTA-LARSEN 5630 OAK BEND DR LAS VEGAS NV 89135	PRT		DESIGN WORK FOR PRINT ADS	500.00
REDWOOD PRINTING 854 EMERALD BAY ROAD SUITE E SO LAKE TAHOE CA 96150	LIT		CAMPAIGN MAILERS	3248.57

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 4920.00**