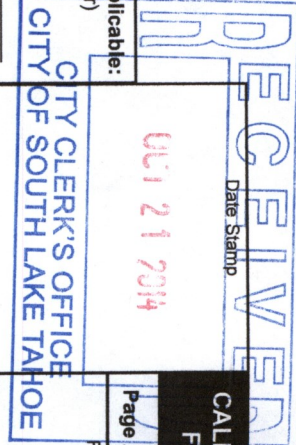


Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>8-1-2014</u> through <u>10-18-2014</u>	Date of election if applicable: (Month, Day, Year) <u>11-4-2014</u>		COVER PAGE CALIFORNIA FORM 460
For Official Use Only Page <u>1</u> of <u>6</u>			

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

I.D. NUMBER
1372557

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Austin Sass for City Council 2014

Treasurer(s)

NAME OF TREASURER
Austin Sass

MAILING ADDRESS
PO Box 13904

STREET ADDRESS (NO P.O. BOX)
3809 Woods Avenue

CITY STATE ZIP CODE AREA CODE/PHONE
South Lake Tahoe CA 96150 5305417477

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 13904

CITY STATE ZIP CODE AREA CODE/PHONE
South Lake Tahoe CA 96151 5305417477

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
South Lake Tahoe CA 96151 5305417477

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 10-21-14 Date

By Austin C. Sass Signature of Treasurer or Assistant Treasurer

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on 10-21-14 Date

By Austin C. Sass Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Austin Sass

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council, City of South Lake Tahoe

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
3809 Woods Avenue South Lake Tahoe, CA 96160

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

Statement covers period
8-1-2014
through 10-18-2014

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Page 3 of 6
I.D. NUMBER
1372557

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Austin Sass

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 1414.83	1414.83
2. Loans Received	Schedule B, Line 3 1414.83	1414.83
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 1414.83	1414.83
4. Nonmonetary Contributions	Schedule C, Line 3 1414.83	1414.83
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 1414.83	1414.83

Expenditures Made

6. Payments Made	Schedule E, Line 4 990.99	990.99
7. Loans Made	Schedule H, Line 3 990.99	990.99
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 990.99	990.99
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 990.99	990.99
10. Nonmonetary Adjustment	Schedule C, Line 3 990.99	990.99
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 990.99	990.99

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 0	0
13. Cash Receipts	Column A, Line 3 above 1414.83	1414.83
14. Miscellaneous Increases to Cash	Schedule I, Line 4 990.99	990.99
15. Cash Payments	Column A, Line 8 above 433.84	433.84
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 1171.88	1171.88

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

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 0	0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse 0	0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above 0	0

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).

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

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

Expenditure Limit Summary for State Candidates

Date of Election (mm/dd/yy)	22. Cumulative Expenditures Made* (if Subject to Voluntary Expenditure Limit)	Total to Date
/ /	\$ _____	\$ _____
/ /	\$ _____	\$ _____
/ /	\$ _____	\$ _____
/ /	\$ _____	\$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

Statement covers period
from 8-1-2014
through 10-18-2014

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SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Austin Sass

I.D. NUMBER
1372557

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)	PER ELECTION TO DATE (IF REQUIRED)
9-23-2014	Barry Einsig, 1427 Patchin Pkwy., Cherry Tree, PA 15724-6202	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	300.00	300.00	300.00
10-4-2014	Toogee Slicsch, PO Box 17322, SLT CA 96151	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vector Control El Dorado County	100.00	100.00	100.00
10-18-2014	Judy Guinn, PO Box 1324 Zephyr Cove, NV89448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00
SUBTOTAL \$				500.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 500.00
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 914.83
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1414.83

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

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

Statement covers period
from 8-1-2014
through 10-18-2014

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SCHEDULEE

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Austin Sass

I.D. NUMBER
1372557

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

- GMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- 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
Staples, 2061 Lake Tahoe Blvd, South Lake Tahoe, CA 96150	CMP		Business Cards	25.90
El Dorado County Placerville, CA	FIL		Candidate Statement	335.00
Fast Signs, 2300 S Carson Ste 2 Carson City, NV, 89701	CMP		Banner	51.05
SUBTOTAL \$				411.95

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 996.99
2. Unitemized payments made this period of under \$100 \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 996.99

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

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

SCHEDULE E (CONT.)

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Statement covers period
from 8-1-2014
through 10-18-2014

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Austin Sass

I.D. NUMBER
1372557

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

OMP	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
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSE	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	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
Secretary of State, 1500 11th Street, Sacramento, CA 95814	FIL		Filing fee to form Committee	50.00
Mountain News, P.O. Box 8974 So. Lake Tahoe, CA 96158	PRT		1/2 page ad	335.00
Vista Print, 95 Hayden Ave, Lexington, MA 02421 USA	LIT		Palm cards	191.66
Facebook, 1601 Willow Rd Menlo Park, CA 94025	WEB		Processing fee for online donation	2.38
SUBTOTAL \$				579.04

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