

**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 10/01/2014
through 10/18/2014

Date of election if applicable:
(Month, Day, Year)
November 4, 2014



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
1372140

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Angela Swanson for City Council 2014

Treasurer(s)

NAME OF TREASURER
W. Karsen Garrett, CPA

MAILING ADDRESS
2264 Lake Tahoe Blvd, Suite 9

CITY STATE ZIP CODE AREA CODE/PHONE
South Lake Tahoe CA 96150 530 542-1376

NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)
1598 Jackson Court

CITY STATE ZIP CODE AREA CODE/PHONE
South Lake Tahoe CA 96150 530 318-7063

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P O Box 17119

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

OPTIONAL: FAX / E-MAIL ADDRESS
angelaswanson@sbcglobal.net

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 October 22 2014

Executed on October 22 2014

Executed on _____

Executed on _____

By [Signature] Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent/Responsible Officer of Sponsor

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

By _____ Signature of Controlling Officerholder, 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
Angela Swanson

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1598 Jackson Court South Lake Tahoe CA 96150

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

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
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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"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

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

STATEMENT PERIOD
 Statement covers period from 10/01/2014 through 10/18/2014

CALIFORNIA FORM 460
 Page 3 of 7
 I.D. NUMBER 1372140

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

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL/DONOR
1. Monetary Contributions	Schedule A, Line 3 \$ 1,190.00	\$ 4,595.00
2. Loans Received	Schedule B, Line 3 \$ 4,800.00	\$ 4,800.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5,990.00	\$ 9,395.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5,990.00	\$ 9,395.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 4,988.17	\$ 7,695.97
7. Loans Made	Schedule H, Line 3 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 4,988.17	\$ 7,695.97
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 2,500.00	\$ 2,500.00
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 7,488.17	\$ 10,195.97

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 697.20	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).
13. Cash Receipts	Column A, Line 3 above \$ 5,990.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0.00	
15. Cash Payments	Column A, Line 8 above \$ 4,988.17	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,699.03	

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

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ _____
18. Cash Equivalents	See instructions on reverse \$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 7,300.00

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

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

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
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

*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 10/01/2014
through 10/18/2014

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SEE INSTRUCTIONS ON REVERSE
NAME 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 ENTERED, ID 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)
10/18/14	Heidi Hill Drum 949 Kekin Street South 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	Tahoe Prosperity Center Executive Director	100.00	100.00	
10/17/14	Dr. Michael & Madonna Doyle 2074 Lake Tahoe Blvd, Ste 9 South 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	Lake Tahoe Pediatrics Nurse	100.00	100.00	
SUBTOTAL \$				200.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 200.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 990.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 1,190.00

*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.

SCHEDULE B - PART 1

CALIFORNIA
FORM
460

Statement covers period
from 10/01/2014
through 10/18/2014

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Angela Swanson for City Council 2014

I.D. NUMBER
1372140

FULL NAME, STREET ADDRESS AND ZIP CODE (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 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
Paul C Peterson 1598 Jackson Court South Lake Tahoe, CA 96150	Surveillance Officer Mont Bleu	\$ _____	\$ 4,800.00	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	\$ 4,800.00 12/31/14	0 %	\$ 4,800.0 10/7/14	CALENDAR YEAR \$ 4,800.00 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN	DATE DUE	RATE %	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
SUBTOTALS \$ 4,800.00 \$ 4,800.00								

Schedule B Summary

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

- Loans received this period \$ 4,800.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$ 4,800.00**
(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
NAME OF FILER

Friends of Angela Swanson for City Council 2014

Statement covers period
from 10/01/2014 through 10/18/2014
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I.D. NUMBER 1372140

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
- TSE 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
South Tahoe Now P. O. Box 17818 South Lake Tahoe, CA 96151	WEB		CK #103	75.00
Clifford Moss 5111 Telegraph Ave, Suite 307 Oakland, CA 94609	LIT		CK #104	4,700.00
KRLT/KOWL P. O. Box 11101 Zephyr Cove, NV 89448	RAD		CK #105	210.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				SUBTOTAL \$ 4,985.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4,985.00
2. Unitemized payments made this period of under \$100 \$ 3.17
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 4,988.17**

Schedule F Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

CALIFORNIA
FORM **460**

Statement covers period
from 10/01/2014
through 10/18/2014

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends of Angela Swanson for City Council 2014

I.D. NUMBER
1372140

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- ND 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 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
Clifford Moss 5111 Telegraph Ave, Suite 307 Oakland, CA 94609	CNS	0.00	2,500.00	0.00	2,500.00
SUBTOTALS \$		0.00	\$ 2,500.00	\$ 0.00	\$ 2,500.00

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

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 2,500.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0.00
3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 2,500.00
May be a negative number