

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

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)

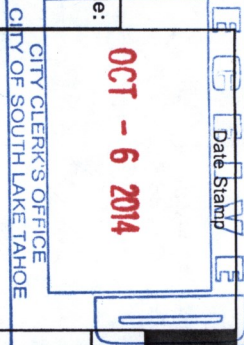
Statement covers period
from 8/05/2014
through OCT 5 2014
9/30/14

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

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

NOV 4, 2014



Page 1 of 6
For Official Use Only

3. Committee Information

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

I.D. NUMBER

Treasurer(s)

NAME OF TREASURER

COMMITTEE TO ELECT TOM DAVIS

JACQUELINE PROOLX

STREET ADDRESS (NO P.O. BOX)

1421 WALKUP

CITY STATE ZIP CODE AREA CODE/PHONE

3351 LAKE TAHOE BLVD #8

SOUTH LAKE TAHOE CALIF 96150

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

P.O. BOX 18310

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

TOM DAVIS @ POL.COM

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 OCT 5 2014

Date

Executed on OCT 4 2014

Date

Executed on _____

Date

Executed on _____

Date

By [Signature]
Signature of Treasurer or Assistant Treasurer

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

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

By _____
Signature of Controlling Officer, 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
TOM DAVIS

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
599 TAHOE KEYS BLVD SLAKE TAHOE CALIF 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 SLA CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER
NAME OF TREASURER Tom Davis CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

Committee To Elect
Angela Davis

599 TAHOE KEYS BLVD SOUTH LAKE TAHOE CALIF 96150

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
SLA

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	SUPPORT <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
<u>SLA</u>		<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

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 9/30/2014

CALIFORNIA
FORM
460

SCHEDULE A

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Tom Davis

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)
9/24/2014	BRAID SCHILLER P.O. Box 1831 1283 WILLOW ST. CALIF 94448	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$1,000.00		
9/2/2014	John Coyllé 740 TEXAS ST 3RD Floor Fairfield, Calif 94533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Offices of John M. Coyllé	\$200.00		
9/7/2014	Gale Davis/Cynthia Davis 370 Arroyo Terrace Pasadena - Calif 9103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100.00		
SUBTOTAL \$				1,300.00		

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(Include all Schedule A subtotals.) \$ 1300.00
- 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 \$** 2290.00

*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

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA FORM 460

Statement covers period from 8/1/2014 through 9/30/2014

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I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Tom Davis

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 2290.00	\$ 2290.00
2. Loans Received	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 2290.00	\$ 2290.00
4. Nonmonetary Contributions	\$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 2290.00	\$ 2290.00

Expenditures Made

6. Payments Made	\$ 1051.00	\$ 1051.00
7. Loans Made	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	\$ 1051.00	\$ 1051.00
9. Accrued Expenses (Unpaid Bills)	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	\$ 1051.00	\$ 1051.00

Current Cash Statement

12. Beginning Cash Balance	\$ 0.00	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	\$ 2290.00	
14. Miscellaneous Increases to Cash	\$ 0.00	
15. Cash Payments	\$ 1051.00	
16. ENDING CASH BALANCE	\$ 1239.00	

17. LOAN GUARANTEES RECEIVED \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts	\$ 0.00

Expenditure Limit Summary for State Candidates

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

*Amounts in this section may be different from amounts reported in Column B.

**Schedule E
Payments Made**

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

Statement covers period
from 8/1/2014
through 9/30/14

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I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Tom Davis

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
- LT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PEI 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 tv. 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
SECRETARY OF STATE	FIL		Filing Fee	\$50.00
EL DORADO COUNTY 2850 FAIRLAKE COURT, RIVERSVILLE CA 95667 DANIEL KUTZ	FIL		Filing Fee	\$335.00
			Advertising on Bike	\$50.00
SUBTOTAL \$				435.00

* 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.) \$ 1051.00
2. Unitemized payments made this period of under \$100 \$ -0-
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 \$** 1,051.00

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Statement covers period
from 8/1/2014
through 8/5/2014

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I.D. NUMBER

Tom Davis

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
- OFI 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
NIKKI'S CHATTI CAFE 3469 LAKE TAHOE BLVD SOUTH LAKE TAHOE CALIF 96150	FND		Fundraiser	\$ 60.00
TAHOE MOUNTAIN NEWS 963 3RD STREET SOUTH LAKE TAHOE CALIF 96150	PRT		NEWSPAPER AD	\$ 325.00
BUDGET WATCH DOG 1954 W. CARSON ST SUITE B TERRA VILLE CALIF 90501	LIT		Mailing	\$ 231.00

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

SUBTOTAL \$ 616.00