

**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 11/14
through 9/30/14

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

RECEIVED

Date Stamp
OCT - 2 2014

**CITY CLERK'S OFFICE
CITY OF SOUTH LAKE TAHOE**

COVER PAGE
CALIFORNIA 460
2007/02
FORM

Page 1 of 13
For Official Use Only

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
- Ballot Measure Committee
 Primarily Formed
 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
 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) Committee to Elect Wendy David city Council 2014

I.D. NUMBER
1370758

Treasurer(s)

NAME OF TREASURER
Kerry S David

MAILING ADDRESS
Po Box 13070 CA 94151 530 544-6754

CITY STATE ZIP CODE AREA CODE/PHONE
PO Box 13070 CA 94151 530 544-6754

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) 1300 Keller Rd
 CITY STATE ZIP CODE AREA CODE/PHONE
PO Box 13070 CA 94151 530 544-6754

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
PO Box 13070

CITY STATE ZIP CODE AREA CODE/PHONE
S. Lake Tahoe CA 94151 530-544-6754

OPTIONAL: FAX / E-MAIL ADDRESS
davidwendy@comcast.com

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 1 2014

Executed on Oct 1 2014

Executed on _____

Executed on _____

By [Signature]
Signature of Treasurer or Assistant Treasurer

By [Signature]
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
Wendy David

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1300 Keller Rd South Lake Tahoe CA 96151

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	
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	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. 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 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 OPPOSE
<u>N/A</u>		
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.

SUMMARY PAGE

Statement covers period from <u>7/1/14</u> through <u>9/30/14</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>13</u>	I.D. NUMBER <u>1370758</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Committee to Elect Wendy David City Council 2014

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>7,225.00</u>	\$ <u>7,225.00</u>
2. Loans Received	Schedule B, Line 3 <u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>7,225.00</u>	\$ <u>7,225.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>7,225.00</u>	\$ <u>7,225.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 <u>1900.06</u>	\$ <u>1900.06</u>
7. Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>1900.06</u>	\$ <u>1900.06</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	Schedule G, Line 3 <u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>1900.06</u>	\$ <u>1900.06</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 <u>0</u>	\$ <u>0</u>
13. Cash Receipts	Column A, Line 3 above <u>7,225.00</u>	\$ <u>7,225.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>	<u>0</u>
15. Cash Payments	Column A, Line 8 above <u>1,900.06</u>	\$ <u>1,900.06</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 <u>5324.94</u>	\$ <u>5324.94</u>

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 <u>0</u>	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse <u>0</u>	\$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above <u>0</u>	\$ <u>0</u>

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

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

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).

Schedule A
Monetary Contributions Received

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

Statement covers period
from 7/1/14
through 9/30/14

CALIFORNIA
FORM
460

SCHEDULE A

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Wendy David City Council 2014

I.D. NUMBER
1370758

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)
8/1/14	David Kurtzman PO Box 14296 / 1052 Lamar Ct. S. 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	Self / Business owner / Leathor	\$ 100	\$ 100	\$ 100
8/12/14	Wendy David 1300 Keller Rd. Box 1300 S. Lake Tahoe, CA 96151	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board member Lake Tahoe Unified School District	\$ 500	\$ 500	\$ 500
8/24/14	Heidi Hill Drum 942 Kestin Street S. 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	Executive Director H2D Communications	\$ 100	\$ 100	\$ 100
8/24/14	Linda Mendizabel 1599 Allen Rae Place S. 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	1599 Allen Rae Pl. Retired Legal Secretary	\$ 100	\$ 100	\$ 100
9/1/14	Ron & Francine Alling PO Box 1005 / 276 Kingsbury Zephyr Cove, NV 89446	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Attorney Alling & Gillson	\$ 150	\$ 150	\$ 150
SUBTOTAL \$				950		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 5,560
- Amount received this period - unitemized contributions of less than \$100 \$ 1,575
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,125

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

Statement covers period
from 7/1/14
through 9/30/14

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FORM
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SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Wendy David City Council 2014

I.D. NUMBER
1370758

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)
9/11/14	Kenneth and Nancy Ralston 148 Skyline Dr. S. 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	Retired Attorney None School principal	\$ 250	\$ 250	\$ 250
9/5/14	Dr. James Duke PO Box 18568/2200 White Sands S. 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	None	\$ 100	\$ 100	\$ 100
9/15/14	Dr. Brooks & Karen Martin 981 Boulder Mtn. Drive S. 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	Physician Barton Health	\$ 100	\$ 100	\$ 100
9/15/14	Brood and Ann Jones PO Box 19455/2401 Alice Lake Rd S. Lake Tahoe, CA 96151	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Vail Corporation	\$ 500	\$ 500	\$ 500
9/16/14	Lake Valley Properties PO Box 7405/1151 Emerald Bay Rd. S. Lake Tahoe, CA 96150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 200	\$ 200	\$ 200
SUBTOTAL \$				1,150		

Schedule A Summary

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

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

Statement covers period
from 7/1/14
through 9/31/14

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I.D. NUMBER
~~137058~~ 1370758

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Wendy David City Council 2014

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9/17/14	Sharon Schimmel 3241 Tahoe Vista Drive S. Lake Tahoe, CA 91500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Moris Draperes	\$ 100	\$ 100	\$ 100
9/19/14	Jim and Marilyn Powling 458 Star Route 88 Gardnerville, NV	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$ 100	\$ 100	\$ 100
9/19/14	Michael and Kindred 1923 Moroni Way South Lake Tahoe, CA 91500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administration Lake Tahoe Community College	\$ 100	\$ 100	\$ 100
9/19/14	Gary and Angela Moore 2412 Sutter Trail South Lake Tahoe, CA 91500	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$ 100	\$ 100	\$ 100
9/19/14	Roberta Mason PO Box 15110 S. Lake Tahoe, CA 91501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Trustee Lake Tahoe Community College	\$ 100	\$ 100	\$ 100
SUBTOTAL \$				\$ 500		

Schedule A Summary

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

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

Statement covers period
from 7/1/14
through 9/30/14

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Urvashi Vaid City Council 2014

I.D. NUMBER
1370758

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)
9/19/14	Guy and Margaret Lease Box 17457 \ 1200 Winnemucca Ave S. Lake Tahoe CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$ 100	\$ 100	\$ 100
9/19/14	Robert Cliff 174 Beach Drive 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	None	\$ 100	\$ 100	\$ 100
9/19/14	Melissa and Ernie Bonstein 783 Montezuma Drive S. 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	Educator Lake Tahoe Unified Sch. District	\$ 100	\$ 100	\$ 100
9/19/14	Anne Abel 916 Modesto Ave S. 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	None	\$ 100	\$ 100	\$ 100
9/19/14	Roberta Strachan 916 Modesto Ave S. 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	None	\$ 100	\$ 100	\$ 100
SUBTOTAL \$				560		

Schedule A Summary

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

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IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A
Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM
460

Statement covers period
from 7/1/14
through 9/3/14

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Wendy David City Council 2014

I.D. NUMBER
1370758

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)
9/19/14	Janice Hunt 2071 Hidatsa Circle S. 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	NONE	\$ 100	\$ 100	\$ 100
9/19/14	Sherril Lindner Box 8996 / 400 Christie Ave S. 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	receptionist Barton Health	\$ 100	\$ 100	\$ 100
9/19/14	Leon Malmud 2209 White Sands Dr. S. 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	NONE	\$ 100	\$ 100	\$ 100
9/19/14	Chris and Kathy Campion Box 9029 / 11916 Gold Dust Trail S. 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	NONE	\$ 100	\$ 100	\$ 100
9/19/14	Les and Busef Wright Box 20,000 / 2333 Cold Creek Trail S. 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	owner Lake Tahoe Marathon	\$ 100	\$ 100	\$ 100
SUBTOTAL \$				500		

Schedule A Summary

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

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SCC - Small Contributor Committee

Schedule A
Monetary Contributions Received

Type or print in ink.
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CALIFORNIA
FORM
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SCHEDULE A

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Wendy David, City Council 2014

I.D. NUMBER
1370758

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)
9/19/14	Dr. Michael Doyle 2074 Lake Tahoe Blvd S. 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	Physician Lake Tahoe Radiat	\$ 100	\$ 100	\$ 100
9/19/14	Greg and Fran Bergner 1543 Hwy 50 Stateline, NV 89449	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Barton Health	\$ 100	\$ 100	\$ 100
9/19/14	Bob Henderson & Marqo Lukins 591 Tahoe Keys Blvd S. 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	Self lawyer	\$ 100	\$ 100	\$ 100
9/19/14	Paul and Judy Bruso 1315 Tara Lane S. 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	owner Ernie's Restaurant	\$ 200	\$ 200	\$ 200
9/19/14	Richard and Dana Schwartz 3170 US Highway 50 S. 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	Self / Investment Novasol & Schwartz	\$ 200	\$ 200	\$ 200
SUBTOTAL \$				700		

Schedule A Summary

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

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COM - Recipient Committee
(other than PTY or SCC)
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PTY - Political Party
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Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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Statement covers period
from 7/1/14
through 9/30/14

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I.D. NUMBER
1570758

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NAME OF FILER
Committee to Elect Wendy David City Council 2014

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)
9/19/14	Dr. Henning and Linda Mehrens 2155 Catalina Drive S. Lake Tahoe, CA 96151	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician self Dr Mehrens	\$ 150	\$ 150	\$ 150
9/19/14	Szanto / Dahl Investments PO Box 11274 / 1728 Highway 50 Zephyr Cove, NV 89448	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$ 250	\$ 280	\$ 230
9/19/14	Gene and Ann Rosmusssen 676 San Francisco Ave S. 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	None	\$ 150	\$ 150	\$ 150
9/19/14	Don and Kirsten Smith 110 Deer Ridge Drive Donville, CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Lawyer	\$ 150	\$ 150	\$ 150
9/19/14	Thomas and Jean McKris 1180 Winnemucca Ave. South Lake Tahoe, CA 96150	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Lawyer	\$ 100	\$ 100	\$ 100
SUBTOTAL \$				800		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 5,650
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A Monetary Contributions Received

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

Statement covers period
from 7/1/14
through 9/30/14

CALIFORNIA
FORM
460

SCHEDULE A

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Committee to Elect Wendy David City Council 2014

I.D. NUMBER
1370758

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)
9/25/14	Paul and Muriel Rork 314 Uplands Way 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	Physician Barton Health	\$ 200	\$ 200	\$ 200
9/26/14	Terrance Finney 3411 Beater Brac S. 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	None	\$ 250	\$ 250	\$ 250
9/30/14	Mary E. Bricker 806 Tillman Ln Unit 34 Gardnerville, NV 89400-8807	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None	\$ 100	\$ 100	\$ 100
SUBTOTAL \$				550		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 5,650
- Amount received this period - unitemized contributions of less than \$100 \$ 1,575
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 7,225

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

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

SCHEDULEE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>7/1/14</u> through <u>9/30/14</u>	CALIFORNIA FORM 460
Page <u>12</u> of <u>13</u>	I.D. NUMBER 1370758

NAME OF FILER
Committee to Elect Wendy David 2014

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 |
| FL | 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 | TSF | 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
United States Post Office South Lake Tahoe MPO ALTADOS BLVD. South Lake Tahoe, CA 96150	POS		\$ 39.20
Ron Struthers / North Star Graphics 5045 State Tony Express Rd Pollock Pines, CA	CWP	Campaign signs	\$ 650.00
County of El Dorado County Offices Placerville, CA	CWP	Mailing voter files list from County	\$ 25.00
SUBTOTAL \$			714.20

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

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 1900.06
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 1900.06

Schedule E
(Continuation Sheet)
Payments Made

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

Statement covers period from <u>7/1/14</u> through <u>9/30/14</u>	CALIFORNIA FORM 460
Page <u>13</u> of <u>13</u>	I.D. NUMBER <u>1370758</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Committee to Elect Wendy David City Council 2014

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
- FET 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
- 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
<i>Secretary of State Sacramento CA. 1500 11th Street 95814</i>	<i>FIL</i>		<i>annual FPE Fee</i>	<i>\$50</i>
<i>Federal Express 4000 Lake Tahoe Blvd S. Lake Tahoe CA</i>	<i>PDS</i>			<i>\$57.93</i>
<i>Lake Tahoe Tahoe Mountain News PO Box 13406 S. Lake Tahoe, CA 96151</i>	<i>PRT</i>		<i>online news paper - print ad - 6 weeks</i>	<i>\$720.00</i>
<i>Meeks Lumber 2763 Lake Tahoe Blvd S. Lake Tahoe, CA 96150</i>	<i>OMP</i>		<i>- sign/paraphernalia stamps, etc</i>	<i>\$32.93</i>
<i>Tahoe Mountain News PO Box 8974 S. Lake Tahoe, CA 96158</i>	<i>PRT</i>			<i>\$325.06</i>

SUBTOTAL \$ 1185.86

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