D	sainiant Committee				COVER P
	ecipient Committee	- `	D	ate Stamp	CALIFORNIA 16
	ampaign Statement		MECE		FORM 40
C	over Page			<u> </u>	
		Statement covers period	Date of election if applicable:		Page1 of14
		9/24/2016	L 04 0 m : x4[[[[]]]]	n ~~~	For Official Use Only
		from	100 600 2	8 703	
SE	E INSTRUCTIONS ON REVERSE	through10/27/2016	11/8/2016 CITY CLER	K'S OFF	FICE
1.	Type of Recipient Committee: All Committees - Co	implete Parts 1, 2, 3, and 4.	2. Type of Statement: OF SOUT	H LAKE	TAHOE
	State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination) ☐ Amendment (Explain below)		Quarterly Statement Special Odd-Year Report
3.	Lomminee information 1 "	D. NUMBER 1389770	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	1000770	NAME OF TREASURER		
	Committee to Elect Tamara Wallace, City of So	uth Lake Tahoe-City	Allyssa J Little		
	Council, 2016	dar Lake Tarloe-Oity	MAILING ADDRESS	 -	
			1266 Margaret		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE AREA CODE/PHOI
	2028 12th Street, Unit C		South Lake Tahoe	CA	96150 530-318-0564
	CITY STATE ZIP CO		NAME OF ASSISTANT TREASURER, IF ANY		
	South Lake Tahoe CA 9615	0 530-545-2623			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 7743		MAILING ADDRESS	-	
	CITY STATE ZIP CO		CITY	STATE	ZIP CODE AREA CODE/PHO
	South Lake Tahoe CA 9615	8 530-545-2623			
	OPTIONAL: FAX / E-MAIL ADDRESS	,	OPTIONAL: FAX / E-MAIL ADDRESS	•	
	tami_wallace@hotmail.com				
4.	Verification				
	I have used all reasonable diligence in preparing and reviewi	ng this statement and to the best of my k	nowledge the information contained herein and	in the attac	hed schedules is true and complete.
	certify under penalty of perjury under the laws of the State of	California that the foregoing is true and	correct.		
	Executed on10/27/2016	Ву	work Com		
	Date	A Marca	Signature of Treasurer or Assistant Treasurer		
	Executed on	Ву	officeholder, Candidate, State Measure Proponent or Responsers	oncible Office	of Spansor
	Date	- Signature of Contro	. yaning Criticamulaci, Calininate, State Measure Proportent of Rest	ousible Outcer	or aportion
	Executed on	BySi	gnature of Controlling Officeholder, Candidate, State Measure P	roponent	
	Freezistad an	_		•	
	Executed on	By	gnature of Controlling Officeholder, Candidate, State Measure P	roponent	

Recipient Committee Campaign Statement Cover Page — Part 2



Page 2 of 14

Officeholder or Candidate Controlled Committee			Primarily Formed Ball				
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Tamara Wallace							
OFFICE SOUGHT OR HELD (INCLUDE LOCATIO	N AND DISTRICT NUMBER IF APPLICA	ABLE)	BALLOT NO. OR LETTER	JURISDICTIC	N -		SUPPORT
City Council, City of South Lake Tal	hoe						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND		TE ZIP					
1901 Airport Road	South Lake Tahoe CA 9	96150	Identify the controlling office	ceholder, candi	date, or state r	measure prop	onent, if any.
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included not included in this statement that are control contributions or make expenditures on behalf	olled by you or are primarily formed	committees d to receive	OFFICE SOUGHT OR HELD			DISTRICT NO. 1	FANY
COMMITTEE NAME	I.D. NUMBER		······································			 · · · · -	
OSIMIN FEE WANTE	I.D. NOWBER	•••				•••	
NAME OF TREASURER	CONTROLLED COM YES (NO P.O. BOX)	IMITTEE?	Primarily Formed Car officeholder(s) or candidate(s) for which this	eholder Col committee is p	rimarily forme	d.
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE	CONTROLLED COM YES ESS (NO P.O. BOX)	IMITTEE?	officeholder(s) or candidate(candidate	committee is p	GHT OR HELD	SUPPO
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Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SUMMARY F
State	ment covers period 9/24/2016	CALIFORNIA 46
through _	10/27/2016	Page3 of14
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE		through.	Page of
NAME OF FILER			I.D. NUMBER
Committee to Elect Tamara Wallace, City of South Lake Tahoe-C	City Council, 2016		1389770
Contributions Received	COlumn A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) COLUMN E CALENDAR YEA TOTAL TO DATE		Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	0	\$ \frac{2030.00}{1120.00}\$ \$ \frac{3150.00}{0}\$ \$ \frac{3150.00}{0}\$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$
Expenditures Made 6. Payments Made	\$ 1761.82 0 0	\$ 3141.52 0 \$ 3141.52 0 0 0 \$ 3141.52	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy)
Current Cash Statement 12. Beginning Cash Balance	\$ 0 \$ 0 1761.82 \$ 8.48	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.
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0		FPPC Form 460 (Jan/2 FPPC Advice: advice@fppc.ca.gov (866/275-3 www.fppc.ca

Schedule			its may be rounded whole dollars.			·	SCH	HEDL
Monetary	Contributions Received	to		Statement covers period 9/24/2016		california 46		
				through10/2	27/2016	Page .	4 of	14
NAME OF FILER	NS ON REVERSE					I.D. NUN	/BER	
	to Elect Tamara Wallace, City of South Lake Tahoe	-City Council,	2016			13897		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELEC TO DAT (IF REQUI	ΓΕ
10/18/2016	John N Cefalu, Limited Partnership,Commercial Rentals, 753 Lakeview Ave, South Lake Tahoe, CA 96150	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	150.	00		150 - 0
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC		. "				
		☐ IND ☐ COM ☐ OTH • ☐ PTY ☐ SCC						
			SUBTOTAL \$	150,00				
Schedule A	A Summary				*Con	tributor Co	odes	
	ceived this period – itemized monetary contributions. Schedule A subtotals.)		····.\$	150.00			ent Committee	
· ·	ceived this period - unitemized monetary contribution			297.00		- Other (han PTY or S e.g., business	•
3. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col			447.00		– Political – Small C	Party Contributor Co	mmit

FPPC Form 460 (Jan/2

FPPC Advice: advice@fppc.ca.gov (866/275-3

Cabadula D. David	Am	ounts may be ro	unded	-			SCHE	JULE B - PA	
Schedule B – Part 1		to whole dollars	s.		Statement cov	•	CALIFORNIA 46		
Loans Received					from9/24	/2016	FORM		
SEE INSTRUCTIONS ON REVERSE					through10/2	27/2016	Page5	of 14	
NAME OF FILER				 l			I.D. NUMBER		
Committee to Elect Tamara Wallace, City	of South Lake Tahoe-City	Council, 2016					1389770		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (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 PA OR FORGIVE THIS PERIO	N CLOSE OF THIS	(0) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATI CONTRIBUT TO DATE	
Tamara Wallace 2028 12th Street, Unit C South Lake Tahoe, CA 96150	Retired	500.00	620.00	PAID \$C FORGIVEN	_	O RATE	\$ <u>1120.00</u>	\$ 1120.000 PER ELECTI	
IND COM OTH PTY SCC		s 500.00	\$ <u>620.00</u>	\$	11/9/2016 DATE DUE	s0	9/14/16 DATE INCURRED	s 1120. ^{©(}	
				PAID \$		% RATE	\$	\$ PER ELECTI	
T☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	s	DATE INCURRED	\$	
	-			PAID \$ FORGIVEN		% RATE	·\$	\$PER ELECTI	
□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	620.00	3	0 \$ 1120.00	· · · · · · · · · · · · · · · · · · ·			
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loan				.,\$	620.00	(Enter (e) on Schedule E, Line 3)			
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha	00 paid or forgiven.)			\$	0	IN CC	contributor Codes D – Individual DM – Recipient C (other than I FH – Other (e.g., 'Y – Political Part	ommittee PTY or SCC) business enti	
 Net change this period. (Subtract Line Enter the net here and on the Summar 			· · · · · · · · · · · · · · · · · · ·	•	620.00 (May be a negative number)		CC - Small Contri	•	

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

** If required.

SCHEDULE B - PA

FPPC Form 460 (Jan/2

www.fppc.ca

FPPC Advice: advice@fppc.ca.gov (866/275-3

NAME OF FILER Committee to Elect Tamara Wallace, City of South Lake Tahoe-City Council, 2016 FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF SCH-EMPLOYER (IF SCH-EMPLOYER NAME OF BUSINESS)) IF AN INDIVIDUAL, ENTER COCUPATION AND EMPLOYER (IF SCH-EMPLOYER NAME OF BUSINESS) LENDER CALENDAR YEAR			A					00	ILDO	LEB-PA	٩
FORM 10/27/2016 FORM					Statem	ent covers period	С	CALIFORNIA /		16	{
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Tamara Wallace, City of South Lake Tahoe-City Council, 2016 FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYER) ENTER NAME OF BUSINESS) LENDER LENDER CALENDAR YEAR S PER ELECTION (IF REQUIRED) PATE IND IND IND IND IND IND IND IN	Loan Guarantors				from	9/24/2016	_			40	ĺ
Committee to Elect Tamara Wallace, City of South Lake Tahoe-City Council, 2016 FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR COUNTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) IND COM DATE CALENDAR YEAR					through _	10/27/2016	Р	age	6	of 14	• •
Committee to Elect Tamara Wallace, City of South Lake Tahoe-City Council, 2016 FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF SOUTH CODE) IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER LENTER NAME OF BUSINESS) LOAN AMOUNT GUARANTEED TO DATE TO DATE TO DATE		 		× 		·					
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ZIP CODE OF GUARANTOR (IF SELF-EMPLOYER (IF SELF-EMPLOYER NAME OF BUSINESS) LENDER CALENDAR YEAR OCCUPATION AND EMPLOYER (IF SELF-EMPLOYER NAME OF BUSINESS) LENDER CALENDAR YEAR S PER ELECTION (IF REQUIRED) S IND IND IND IND IND IND IN		ulli Lake Tali		,			1,	309110	-		•
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LENDER CALENDAR YEAR				LENDER			CALENI	DAR YEAR			•
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DATE

SUBTOTAL \$

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□PTY □scc PER ELECTION (IF REQUIRED)

Enter on Summary Page, Line 17 only.

Schedule Nonmone	chedule C onmonetary Contributions Received Amounts may be rounded to whole dollars. Statement covers period from 9/24/2016			CALIFORNIA FORM				
ess instructio	INS ON REVERSE		,		through10/27	/2016	Page	7 of 14
NAME OF FILER	INS ON REVERSE						I.D. NUMB	
Committee	to Elect Tamara Wallace, City of South La	ake Tahoe-Ci	ity Council, 2016				138977	0
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)	DESCRIPTION OF GOODS OR SERVIC		CALEND	ATIVE TO ATE AR YEAR DEC 31)	PER ELECTION TO DATE
		□IND □COM □OTH □PTY □SCC						
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
-		☐IND ☐COM ☐OTH ☐PTY ☐SCC	,					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
Attach additi	onal information on appropriately labeled	continuation .	sheets.	SUBTOT	AL\$ 0			
Schedule (C Summary					(*Co	ntributor Cod	les
	ceived this period – itemized nonmonetary I Schedule C subtotals.)				\$	_ [it Committee an PTY or SCC
	ceived this period – unitemized nonmonet nonetary contributions received this period	•	ions of less than \$100		.\$	PT	l – Òther (e. ′ – Political F	g., business ent
	: 1 and 2. Enter here and on the Summary		nn A, Lines 4 and 10.)	TOTAL	\$		- Gillali Co	Manager Collin

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may be ro to whole dollars		Statement covers	CAL	CALIFORNIA 46		
	ONS ON REVERSE			through10/27/	- rugo			
Committee	to Elect Tamara Wallace, City of South Lake Ta	hoe-City Council, 2016			1.b. Ni 1389	JMBER 9770		
DÄTE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DA' CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL	\$ 0		•		
1. Itemized c	D Summary ontributions and independent expenditures mad d contributions and independent expenditures m							
Total contr	ibutions and independent expenditures made th	is period. (Add Lines 1	and 2. Do not enter on	the Summary Page.	.) TOTAL !	SS		

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Tamara Wallace, City of South Lake Tahoe-City Council, 2016			Statement of through	9/24/2016 10/27/2016	Page 9	of14
CODES: If one of the following codes accurately describes the payment, CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member of meetings and precision of meetings and office expension of the payment, MBR member of meetings and office expensions of the payment, MBR member of meetings and office expension of the payment, MBR member of meetings and office expensions of the payment, MBR member of meetings and office expension of the payment, MBR member of meetings and office expension of the payment, MBR member of meetings and office expension of the payment, PET potition circ phone bank professions of the payment, POL policing and postage, do professions of the payment, POS postage, do professions of the payment of the	immunications nd appearance nses culating ks survey researe elivery and mes	s ch senger services	RAD radio RFD return SAL campa TEL t.v. or TRC candid TRS staff/s TSF transf VOT voter	be the payment. airtime and production ed contributions aign workers' salaries cable airtime and prod date travel, lodging, an pouse travel, lodging, er between committees registration ation technology costs	luction costs and meals and meals s of the same c	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DES	CRIPTION OF PA	YMENT		AMOUNT PA
Tamara Wallace 2028 12th Street, Unit C South Lake Tahoe, CA 96150	cmp	Reimb for electron signs	nic payment	for replacement y	vard	215-00
D & H Broadcasting P O Box 11101 Zephyr Cove, NV 89449	rad	Treat Street and I	Radio Spots			500.00
Tahoe Mountain News 963 3rd Street South Lake Tahoe, CA 96150	prt	October, Tahoe N	/lountain Ne	ws Ad		325.60
* Payments that are contributions or independent expenditures must also be summarized on Sc	hedule D.			SU	JBTOTAL \$	1040.00
Schedule E Summary						
1. Itemized payments made this period. (Include all Schedule E subtotals.)						1666.82
2. Unitemized payments made this period of under \$100						95.0D
3. Total interest paid this period on loans. (Enter amount from Schedule B, P					\$	1761.82

FPPC Form 460 (Jan/2 FPPC Advice: advice@fppc.ca.gov (866/275-3

www.fppc.ca

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

MBR member communications

OFC office expenses

PHO phone banks

PET petition circulating

MTG meetings and appearances

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

			SCHED	ULE	E (C
Stater	nent covers period	CALIF	ORNIA		16
from	9/24/2016	FC	RM	_	įU
through.	10/27/2016	Page .	10	of _	14
· ·		I.D. NUI	MBER		

1389770

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

independent expenditure supporting/opposing others (explain)*

candidate filing/ballot fees

CNS campaign consultants

CVC civic donations

LEG legal defense

FND fundraising events

NAME OF FILER

Committee to Elect Tamara Wallace, City of South Lake Tahoe-City Council, 2016

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

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

transfer between committees of the same candidate/spon

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	DR DESCRIPTION OF PAYMENT	AMOUNT PAIL
Signs of Tahoe 854D Emerald Bay Road South Lake Tahoe, CA 96150		cmp	3-4'x8' Signs	260 . % 3
Election Digest 1954 W. Carson, STE B Torrance, CA 90501		lit	Democratic slate mailings	254 , 00
CALSAL Seniors 1954 W. Carson, STE B Torrance, CA 90501		lit	Senior Citizen slate mailings	112.00
		<u> </u>		05

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

SUBTOTAL \$

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rount to whole dollars.	ded	Statement cover from 9/24/	ers period CALI 2016 F	california 46	
			through10/2	7/2016 Page	11 of 14	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER				וא מו	JMBER	
Committee to Elect Tamara Wallace, City of South Lake T	ahoe-City Council, 2016			1389		
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey reserved per professional services (I PRT print ads	ns nces earch nessenger services	RAD radio airtime air returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra TSF transfer betwee VOT voter registratie	nd production costs butions kers' salaries time and production cos el, lodging, and meals avel, lodging, and meals en committees of the sar	me candidate/spons	
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 CLC OF THIS PERIO	
	,					
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	0 !	\$ 0 \$	0	\$	
Schedule F Summary						
 Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized 	schedule F, Column (b) sul accrued expenses under \$	ototals for §100.)	INCL	JRRED TOTALS \$	Ç	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot	als for payments on			,	
 Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.) 	ter the difference here and			NET \$	May be a negative numbe	

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	t Amou to	nts may be i whole dolla		Statement covers period 9/24/2016 through 10/27/2016	CALIFORNIA FORM Page 12 of 14
NAME OF FILER	. 0" 0				I.D. NUMBER
Committee to Elect Tamara Wallace, City of South Lake Ta	noe-City Counc	:II, 2016			1389770
NAME OF AGENT OR INDEFENDENT CONTRACTOR					
CODES: If one of the following codes accurately describes CMP 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 * Payments that are contributions or independent expenditures must also be	MBR member of meetings at OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	ommunication nd appearan nses culating ks survey rese elivery and m al services (k	ns ces arch nessenger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production returned contributions TRC candidate travel, lodging, and staff/spouse travel, lodging, and	uction costs I meals and meals of the same candidate/spon
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PA

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$



								SCHEDU	
Schedule H	Amounts may be rounded			Statement covers period		CALIFORNIA 46			
Loans Made to Others*		to whole dollars.				from9/24/2016		FORM 40	
				•	10/	27/2016	Page 13	of 14	
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through		I.D. NUMBER		
	. 		_						
Committee to Elect Tamara Wallace, Ci	ty of South Lake Tahoe-City	y Council, 2016	5			:	1389770		
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	(a) OUTSTANDING	(ь) AMOUNT	(c)	OP OUTSTANDING	(e) INTEREST	(f) ORIGINAL	(g) CUMULATI	
OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS	LOANED THIS	FORGIVENES	BALANCE AT CLOSE OF THIS	RECEIVED	AMOUNT OF	LOANS	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NAME OF BUSINESS)	PERIOD	PERIOD	THIS PERIO	D* PERIOD		LOAN	TO DATE	
				☐ PAID				CALENDAR Y	
		İ		\$	_ \$	%	s	\$	
			İ	FORGIVEN		RATE		PER ELECTI	
		\$,			s	l	s	
			, , , , , , , , , , , , , , , , , , , ,	3	DATE DUE		DATE INCURRED	\ \	
				☐ PAID				CALENDAR Y	
				\$	_ \$	%	\$	\$	
				FORGIVEN		RATE	İ	PER ELECTI	
		,						,	
			V		DATE DUE	V	DATE INCURRED	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
*Loans that are contributions to another candidate									
also be summarized on Schedule D. Loans forgive reported on Schedule E.	n must also be	SUBTOTALS	\$ 0	\$	0 \$ 0	\$ 0			
			<u> </u>	 		(Enter (e) on Schedule I, Line 3)		<u></u>	
						Scriedula I, Lina S)			
Schedule H Summary									
1. Loans made this period			.,,.,	,.,.,,,,,,,,	\$	0	~ г		
(Total Column (b) plus unitemized loan	s of less than \$100.)							**If Require	
2. Payments received on loans					s	0	_		
(Total Column (c) plus unitemized payn		.,							
3. Net change this period. (Subtract Line 2	2 from Line 1.)				NET \$	0	_		
(Enter the net here and on the Summa						ay be a negative number)	-		

Scheanie i		Amounts may be rounded		SCH			
Miscellaneous Increases to Cash		to whole dollars.	Statement covers period	CALIFORNIA 4			
			from9/24/2016	FORM			
		v	through 10/27/2016	Page 14 of 14			
SEE INSTRUCTIONS ON REVER NAME OF FILER	(SE			I.D. NUMBER			
Committee to Elect Tar	mara Wallace, City of South Lake Tahoe-City C	Council, 2016		1389770			
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH			
			•				
			····				
	•						
Attach additional inform	nation on appropriately labeled continuation sheets.		SUBTOT				
Schedule I Summa							
	cash this period	***************************************	,,,,\$	0			
	s to cash of under \$100 this period			0			
	ceived this period on loans made to others. (Sc			0			
4. Total miscellaneous ir	ncreases to cash this period. (Add Lines 1, 2, a	and 3. Enter here and on the		0			