COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)	Date Stamp	CALIFORNIA FORM 460
from 7/1/14		10/06/2014	Page 1 of 15
through 9/30/14	11/4/14		For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] 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:

- [x] 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: 1360407

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
COMMITTEE TO ELECT NOVASEL 2014

STREET ADDRESS (NO P.O. BOX)
3080 ELF LANE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SOUTH LAKE TAHOE	CA	96150	530-577-6027

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS
SUE@NOVASELFORSUPERVISOR.COM

Treasurer(s)

NAME OF TREASURER
CECILIA BACHELDER

MAILING ADDRESS
625 CAYUGA CIRCLE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SOUTH LAKE TAHOE	CA	96150	530-577-4665

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 10/4/14 (Date) By Cecilia Bachelder (Signature of Treasurer or Assistant Treasurer)

Executed on 10/4/14 (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on (Date) By (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.

COVER PAGE - PART 2

CALIFORNIA FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

SUE NOVASEL

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

EL DORADO COUNTY SUPERVISOR - DISTRICT V

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

3080 ELF LANE 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? ☐ 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	CONTROLLED COMMITTEE? ☐ YES ☐ 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ 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 7/1/14
through 9/30/14

CALIFORNIA FORM **460**

Page 3 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT NOVASEL 2014

I.D. NUMBER
1360407

Contributions Received

		Column A (TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)	Column B (CALENDAR YEAR TOTAL TO DATE)
1. Monetary Contributions	*Schedule A, Line 3*	$ 4945.00	$ 21016.00
2. Loans Received	*Schedule B, Line 3*	8000.00	5700.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 12945.00	$ 26716.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	2058.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 12945.00	$ 28774.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 7044.77	$ 24193.49
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 7044.77	$ 24193.49
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	2058.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 7044.77	$ 262251.49

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 307.09
13. Cash Receipts	*Column A, Line 3 above*	12945.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	7044.77
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 6207.32

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 5700.00

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).

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.

SCHEDULE A

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

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT NOVASEL 2014

I.D. NUMBER
1360407

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)
8/29/14	ASPEN REALTY P O BOX 14296 SO LAKE TAHOE CA 96151	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		200.00	200.00	
8/29/14	HEIDI HILL DRUM 942 KEKIN SO LAKE TAHOE CA 96150	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	EXECUTIVE DIRECTOR TAHOE PROSPERITY CENTER	100.00	100.00	
9/11/14	FRANCIS ALLING P O BOX 1005 ZEPHYR COVE NV 89448	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	NONE	100.00	200.00	
9/11/14	JOHN UPTON 954 EDGEWOOD CIRCLE SO LAKE TAHOE CA 96150	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	200.00	200.00	
9/11/14	SHINGLE SPRINGS BANK MIWOK INDIANS P O BOX 1340 SHINGLE SPRINGS CA 95682	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1500.00	1500.00	
			SUBTOTAL $	2100.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) ..... $ 4450.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 495.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 4945.00

*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 A (Continuation Sheet)
Monetary Contributions Received

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

SCHEDULE A (CONT.)

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

CALIFORNIA FORM 460

NAME OF FILER
COMMITTEE TO ELECT NOVASEL 2014

I.D. NUMBER
1360407

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)
9/24/14	JAMES DUKE P O BOX 18568 SO LAKE TAHOE CA 96151	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00	100.00	
9/24/14	WILLIAM MURRELL 1525 ZAPOTEC SO LAKE TAHOE CA 96150	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00	100.00	
9/24/14	FRANK FORD 127 LLOYD WAY AUBURN CA 95603	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	FRANK FORD COMPANY CONSULTANT	150.00	150.00	
9/24/14	EL DORADO COUNTY DEPUTY SHERIFFS ASSOCIATION PAC ID #1350187 1415 L ST SUITE 410 SACRAMENTO CA 95814	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1000.00	1000.00	
9/24/14	NO CA CARPENTERS REG COUNCIL ID #972104 265 HEGENBERGER RD #200 OAKLAND CA 94621	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		1000.00	1000.00	
			SUBTOTAL $	2350.00		

*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.

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

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT NOVASEL 2014

I.D. NUMBER
1360407

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 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
BOB NOVASEL 3170 HIGHWAY 50 SO LAKE TAHOE CA 969150 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MORTGAGE BROKER WESTERN HIGHLAND MORTGAGE	$ 0	$ 10000.00	☑ PAID $ 2000.00 ☐ FORGIVEN $	$ 8000.00 DATE DUE	0 % RATE $ 0	$ 10000.00 8/7/2014 DATE INCURRED	CALENDAR YEAR $ 21950.00 PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION ** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION ** $
		SUBTOTALS $ 10000.00		$ 2000.00	$ 8000.00	$ 0		

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

Schedule B Summary

1. Loans received this period ..... $ 10000.00
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ 2000.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET** $ 8000.00
   (May be a negative number)
   Enter the net here and on the Summary Page, Column A, Line 2.

†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

Schedule E
Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT NOVASEL 2014

I.D. NUMBER
1360407

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

CMP	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	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
REDWOOD PRINTING 854 EMERALD BAY RD SUITE E SO LAKE TAHOE CA 96150	LIT	CAMPAIGN MAILERS	346.00
SIGNS OF TAHOE 854 EMERALD BAY ROAD SUITE D SO LAKE TAHOE CA 96150	PRT	OUTDOOR SIGNS	2011.50
COUNTY OF EL DORADO ELECTIONS 2850 FAIR LANE PLACERVILLE CA 95667	FIL	BALLOT STATEMENT FEE	1036.00

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

SUBTOTAL $ 3393.50

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 7018.70
2. Unitemized payments made this period of under $100 ..... $ 26.07
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 $** 7044.77

Schedule E (Continuation Sheet) Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
COMMITTEE TO ELECT NOVASEL 2014

I.D. NUMBER
1360407

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

CMP	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	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
TAHOE MOUNTAIN NEWS P O BOX 8974 SO LAKE TAHOE CA 96158	PRT	NEWSPAPER ADVERTISING	1750.00
LAKE TAHOE NEWS P O BOX 13406 SO LAKE TAHOE CA 96151	WEB	ONLINE NEWSPAPER ADVERTISING	970.00
AMPLIFIED ENTERTAINMENT SERVICES 211 N VIRGINIA RENO NV 89501	TEL	ADVERTISING	250.00
POLITICAL DATA INC P O BOX 59570 NORWALK CA 9652	WEB	EMAIL ADVERTISING	655.20

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

SUBTOTAL $ 3625.20