Recipient Committee Campaign Statement Cover Page			COVER PAGE CALIFORNIA 460 CITY CLERK'S OFF Gage 1 of 7
	Statement covers period from 10-23-16	Date of election if applicable: (Month, Day, Year)	2017 JAN 27 PM 2: 58 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through12-31-16	11-8-16	CITY OF TRACY TRACY, CA
1. Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	
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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T	ermination)
5. Committee information	.D. NUMBER 1388398	Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Anne Marie Fuller for Council 2016		NAME OF TREASURER Sheryl Madison MAILING ADDRESS	
		250 W. 20th St.	
STREET ADDRESS (NO P.O. BOX) 565 Ballico Dr.		Tracy	STATE ZIP CODE AREA CODE/PHONE Ca 95376 (209) 814-1994
CITY STATE ZIPC Tracy Ca 9537		NAME OF ASSISTANT TREASURE Anne Marie Fuller	R, IF ANY
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX P.O. Box 948	-	MAILING ADDRESS P.O. Box 948	
CITY STATE ZIP C		CITY	STATE ZIP CODE AREA CODE/PHONE
Tracy Ca 9537 OPTIONAL: FAX / E-MAIL ADDRESS	(8 (209) 637-3830	Tracy OPTIONAL: FAX / E-MAIL ADDRES	Ca 95378 (209) 637-3830
4. Verification			
	ing this statement and to the best of my k California that the foregoing is true and	nowletige the information contained	herein and in the attached schedules is true and complete. I
Executed on	By — Signature of Contro	Signature of Trepstrer of Sisspan,	Serient or Responsible Officer of Sponsor
Executed on	BySN	gnature of Controlling Officeholder, Candidate, S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Executed on	BySignal	gnature of Controlling Officeholder, Candidate, S	tate Measure Proponent

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	R PAG	E - PAI	₹T 2
CALII	OPN	7.	7.4	
	ORM DRM	4	FEE	0 1
F.	JKW			
	arejerativani;			WHITE SERVICE
Pane	2	of	7	

. Officeholder or Candidate Controlled Committee 6. Primarily Formed Ballot Measure Committee						
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			
Anne Marie Fuller						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	\	☐ SUPPORT
Tracy City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	Y STATE ZIP					
565 Ballico Dr. Tracy,	Ca. 95376		Identify the controlling office			proponent, if any.
			NAME OF OFFICEHOLDER, CAN	DIDATE, OR PRO	PONENT	
Related Committees Not Included in this State not included in this statement that are controlled by you or contributions or make expenditures on behalf of your canditudes.	are primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER		***************************************		. I	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand	idate/Office	holder Committee	2 List names of
NAME OF TREASURER	YES NO		officeholder(s) or candidate(s)	for which this e	committee is primarily f	ormed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOUGHT OR HE	
						SUPPORT OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	
					:	☐ SUPPORT☐ OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	
			NAME OF OFFICEROLDER OR CA	HADIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	YES NO					OPPOSE
	. 4					
CITY STATE ZIP CO	DE AREA CODE/PHONE		Atta	ch continuatio	n sheets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Summary Page	to vindio dollard.	Stat	ement covers period 10-23-16	CALIFORNIA 460
EE INSTRUCTIONS ON REVERSE		through	12-31-16	Page 3 of 7
AME OF FILER	100000000000000000000000000000000000000			I.D. NUMBER
Anne Marie Fuller				1388398
Contributions Received	Column A TOTAL THIS PERIOD	Column B CALENDAR YEAR		mmary for Candidates

Contributions Received	(F	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	124.91	\$	4,203.91	General Elections
2. Loans Received Schedule B, Line 3		-1,820.00		1,820.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$	124.91	s	6,023.91	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3		N/A	,	2,388.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	\$	124.91	\$	8,411.91	Made \$\$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	<u>1,499.63</u>	\$	6,023.91	Candidates
7. Loans Made Schedule H, Line 3		N/A		N/A	
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	1,499.63	\$	6,023.91	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		N/A		N/A	Date of Election Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3		N/A		N/A	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	1,499.63	\$	6,023.91	\$
Current Cash Statement			Π		-
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1,374.72	Τ.	calculate Column B.	
13. Cash Receipts Column A, Line 3 above		124.91	ad	d amounts in Column	
14. Miscellaneous Increases to Cash Schedule I, Line 4		N/A		o the corresponding rounts from Column B	*Amounts in this section may be different from amounts
15. Cash Payments		1,499.63	of	your last report. Some	reported in Column B.
16. ENDING CASH BALANCEAdd Lines 12 + 13 + 14, then subtract Line 15	\$	0		nounts in Column A may negative figures that	
If this is a termination statement, Line 16 must be zero.	•		pre	ould be subtracted from evious period amounts. If	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	N/A	file	s is the first report being d for this calendar year, ly carry over the amounts	
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	N/A		1 <i>}</i> -	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	N/A			FPPC Form 460 (Jan/2016
					FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A Monetary Contributions Received			its may be rounded whole dollars.	170M	23-16	CALIFORNIA 460		
	INS ON REVERSE			through12	-31-16	Page	e4 of	
NAME OF FILER Anne Mario	e Fuller					1.D. NL 1 3 883	JMBER 398	
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 ELECTION TO DATE (IF REQUIRED)	
10/31	Building Industry Association Of the Greater Valley 1701 W. March Lane Suite F Stockton, Ca. 95206	IND COM OTH PTY SCC		\$99				
		IND COM OTH PTY SCC				The state of the s		
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL \$	99.00				
I. Amount re	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)		\$	99.00	IND -		ual vient Committee	
•	ceived this period – unitemized monetary contribution			25.91			than PTY or SCC) (e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$	124.91			Contributor Committee	

6 t 1 t m =	Arr	ounts may be ro	unded				SCHEDULE B - PART 1			
			to whole dollars.			ers period	CALIFORNIA 460			
Loans Received					from10-2	23-16	FORM	- 430U		
SEE INSTRUCTIONS ON REVERSE					through12	-31-16	Page 5	of		
NAME OF FILER	WILLIAM TO THE TOTAL OF THE TOT						I.D. NUMBER			
Anne Marie Fuller							1388398			
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 PAIE OR FORGIVE THIS PERIOD	CLOSE DE THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Anne Marie Fuller 565 Ballico Dr. Tracy, Ca. 95376				261.30 paid s 261.30 porgiven	, s		ş <u>25.00</u>	calendar year s 1,820.00 PER ELECTION**		
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$	\$ <u></u>	₃ 1,558.70	DATE DUE	S		\$		
Anne Marie Fuller 565 Ballico Dr. Tracy Ca. 95376				PAID \$ FORGIVEN	s	RATE	s 1,375.00	CALENDAR YEAR \$ PER ELECTION**		
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$	5	\$	DATE DUE	\$	8/8/16 DATE INCURRED	\$		
Anne Marie Fuller 565 Ballico Dr. Tracy Ca. 95376				PAID \$ FORGIVEN	, s	RATE	s 420.00	\$PER ELECTION**		
[†] ☑IND □ COM □ OTH □ PTY □ SCC		\$	\$	5	DATE DUE	\$	9/23/160 DATE INCURRED	s		
		SUBTOTALS \$;	1,820.00) \$	\$				
Schedule B Summary	WAREHOUSE TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T					(Enter (e) on Schedule E, Line :	3)			
Loans received this period (Total Column (b) plus unitemized loan		/******************************	•••••••••	\$	0					
Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that	00 paid or forgiven.)			\$	1,820.00		tContributor Codes IND – Individual COM – Recipient C (other than OTH – Other (e.g., PTY – Political Part	Committee PTY or SCC) business entity)		
3. Net change this period. (Subtract Line	e 2 from Line 1.)	***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.NET \$	-1,820.00		SCC – Small Contri			

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

Enter the net here and on the Summary Page, Column A, Line 2.

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

(May be a negative number)

8tc			
Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statement covers period from10-23-16	california 460
SEE INSTRUCTIONS ON REVERSE		through 12-31-16	Page6 of
NAME OF FILER Anne Marie Fuller			1.D. NUMBER 1388398
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	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 of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of candidate travel, lodging, and transfer between committees VOT voter registration WEB information technology costs	uction costs d meals and meals of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	- The second	AMOUNT PAID
Facebook www.facebook.com		Advertising		50.10
Vista Print www.vistaprint.com	LIT			103.65
Political Marketing International 4416 Lafayette St. Marianna Fl. 32446		Automated Call Services		180.00
* Payments that are contributions or independent expenditures must also be summarized on Sche	dule D.	SUB	TOTAL \$	333.75
Schedule E Summary	WATER TO STATE OF THE STATE OF			
1. Itemized payments made this period. (Include all Schedule E subtotals.)			\$	1454.71
Unitemized payments made this period of under \$100				44.92
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)				N/A
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on				1499.63

Schedule	E	
(Continua	tion	Sheet)
Payments	Mad	e

Amounts may be rounded to whole dollars.

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

	OUTEDOLL L (OUTE)
Statement covers period	CALIFORNIA 160
from10-23-16	FORM 400
through 12-31-16	Page of
	I.D. NUMBER
	1388398

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anne Marie Fuller

CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs RFD returned contributions CNS campaign consultants MTG meetings and appearances OFC office expenses SAL campaign workers' salaries CTB contribution (explain nonmonetary)* TEL t.v. or cable airtime and production costs CVC civic donations PET petition circulating candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FIL staff/spouse travel, lodging, and meals polling and survey research FND fundraising events POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* TSF PRO professional services (legal, accounting) VOT voter registration LEG legal defense PRT print ads WEB information technology costs (internet, e-mail) campaign literature and mailings NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Tracy Press 95 W. 11th Street Suite 101 PRT 410.00 Tracy, Ca. 95376 Advertising D The Sign Lady 108 E. 8th Street Unit B 100.00 Tracy, Ca. 95376 El Patio 1005 E. Pescadero Ave. MTG 167.14 Tracy, Ca. 95304 Advertising Facebook www.facebook.com 182.52 Loan Payment Anne Marie Fuller 565 Ballico Dr. 261.30 Tracy, Ca. 95376

SUBTOTAL \$

1,120.96.00

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

COVER PAGE Recipient Committee Date Stamp **CALIFORNIA Campaign Statement** RECEIVED **FORM** Cover Page CITY CLERK'S OFFICE Date of election if applicable: | OCT 26 PM 5: 05 Page. Statement covers period For Official Use Only 9-25-16 from CITY OF TRACY 10-22-16 11-8-16 SEE INSTRUCTIONS ON REVERSE TRACY, CA through 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. 2. Type of Statement: ☐ Primarily Formed Ballot Measure Preelection Statement Officeholder, Candidate Controlled Committee Quarterly Statement O State Candidate Election Committee Committee Semi-annual Statement Special Odd-Year Report O Recall O Controlled Termination Statement O Sponsored (Also Complete Part 6) (Also Complete Part 5) (Also file a Form 410 Termination) Amendment (Explain below) General Purpose Committee Primarily Formed Candidate/ O Sponsored O Small Contributor Committee Officeholder Committee (Also Complete Part 7) O Political Party/Central Committee I.D. NUMBER 3. Committee Information Treasurer(s) 1388398 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NAME OF TREASURER Shervl Madison Anne Marie Fuller for Council 2016 MAILING ADDRESS 250 W. 20th St. STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE 565 Ballico Dr. Tracv Ca 95376 (209) 814-1994 CITY AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY STATE ZIP CODE Ca 95376 (209) 637-3830 Anne Marie Fuller Tracv MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX MAILING ADDRESS P.O. Box 948 P.O. Box 948 CITY STATE ZIP CODE AREA CODE/PHONE CITY STATE ZIP CODE AREA CODE/PHONE Ca 95378 (209) 637-3830 Tracy Ca 95378 (209) 637-3830 OPTIONAL: FAX / E-MAIL ADDRESS OPTIONAL: FAX / E-MAIL ADDRESS AnneMarie4Council@gmail.com Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained Messia эттаспео 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 co Executed on Executed on Signature of Controlling Office holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on. Signature of Controlling Officeholder, Candidate, State Measure Proponent

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _

Recipient Committee Campaign Statement Cover Page — Part 2

	COVER	PAGE -	PART 2
	IFORNI		AIN.
	ORM		e V a W
			000000000000000000000000000000000000000
l	2	(e	, 1
Page		of	
-			1

. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee					
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Anne Marie Fuller							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUM	BER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	N		SUPPORT
Tracy City Council							OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 565 Ballico Dr. Tracy, Ca. 9	STATE ZIP		Identify the controlling office	holder, candi	date, or state	measure pro	oponent, if any.
Tracy, Ca. 9	3370		NAME OF OFFICEHOLDER, CAND	DIDATE, OR PRO	OPONENT		
Related Committees Not included in this Statement included in this statement that are controlled by you or are proportional contributions or make expenditures on behalf of your candidacy.	rimarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO). IF ANY
COMMITTEE NAME I.D. I	NUMBER		1				
	NTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	committee is	primarily form	ned.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. (NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
	TROLLED COMMITTEE? YES NO		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			***		<u> </u>		
CITY STATE ZIP CODE	AREA CODE/PHONE		Attac	ch continuatio	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE

•	Statem	ent covers period 9-25-16	CALIFORNIA 460	
	from	10-22-16		
	.l		I.D. NUMBER 1388398	

NAME OF FILER Anne Marie Fuller			I.D. NUMBER 1388398
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULE	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ \$2050.0 \$ \frac{\text{N}/\text{N}}{\text{S2050.0}}	\$ \$1820.00 0 \$ \$5899.00 4 \$ \$2388.00	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ 21. Expenditures Made \$ \$
Expenditures Made 6. Payments Made	\$ \$1537.3 N/	N/A 4 \$ \$4524.28 A N/A N/A	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	\$2050.0 N/A \$1537.3 \$ \$1374.7	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	*Amounts in this section may be different from amounts reported in Column B.
Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above		from Lines 2, 7, and 9 (if any).	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE		to whole dollars.		Statement covers period 9-25-16 through 10-22-16		CALIFORNIA 460 FORM Page of	
NAME OF FILER	Anne Marie Fuller					I.D. NUI 13883	
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 YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
9/29	Theodore Hoppenrath 1951 W. Middlefield Dr. #113 Tracy, Ca. 95377	☑IND □COM □OTH □PTY □SCC	Retired	\$50.00	\$50.0	00	
9/29	Plumbers & Pipefitters Local 442 4842 Nutcracker Lane Modesto, Ca. 95356	□IND □COM ØOTH □PTY □SCC		\$250.00	\$250.0	00	
10/13	Operating Engineers Local Union No. 3 District 30, Political Action Committee 1916 North Broadway Ave. Stockton, Ca. 95205	□IND □COM ØOTH □PTY □SCC		\$1,000.00	\$1,000.0	00	
10/19	San Joaquin - Calaveras Cos. Central Labor Council 115 N. Sutter Street, Suite 200 Stockton, Ca. 95202	□ IND □ COM Ø OTH □ PTY □ SCC		\$500.00	\$500.0	00	
10/19	Bricklayers & Allied Craftworkers Local No. 3 10806 Bigge Street San Leandro, Ca. 94577	□IND □COM ØOTH □PTY □SCC		\$250.00	\$250.0	00	
		***************************************	SUBTOTAL \$	\$2050.00			
Amount re (Include al	A Summary ceived this period – itemized monetary contributions. I Schedule A subtotals.)			\$2050.00 N/A	IND - COM OTH-	other t) Other (o	el ent Committee Ihan PTY or SCC) e.g., business entity)
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col			\$2050.00			Contributor Committee

Schedule E Payments Made	Amounts may be rounded to whole dollars.	Statem from	ent covers period 9-25-16	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE		through	10-22-16	Page of
NAME OF FILER		1	//////////////////////////////////////	I.D. NUMBER
Anne Marie Fuller				1388398
CODES: If one of the following codes accurately describe	pes the payment, you may enter the code. Oth	erwise, descri	be the payment.	•
CMP campaign paraphernalia/misc.	MBR member communications	RAD radio	airtime and productio	on costs
CNS campaign consultants	MTG meetings and appearances		ed contributions	
CTB contribution (explain nonmonetary)*	OFC office expenses		aign workers' salaries	
CVC civic donations	PET petition circulating		cable airtime and pro	
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks POL polling and survey research		date travel, lodging, a	
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services		pouse travel, lodging	y, and means les of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)		registration	es of the same candidate/sponsor

PRT print ads

campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Larry Levine's Election Digest 1954 W. Carson St. Torrance, Ca. 90501	LIT	resource to the management of the second of			\$523.00
California Voter Guide 1954 W. Carson St. Torrance, Ca. 90501	LIT				\$352.00
Signarama 470 W. Larch Road #7 Tracy, Ca. 95304	CMP	A CONTRACTOR OF THE CONTRACTOR			\$194.40
* Payments that are contributions or independent expenditures must also be summarized on Sch	edule D.		SUI	STOTAL \$	\$1069.40

WEB information technology costs (internet, e-mail)

SCH	EDU	IFF	CONT.
2011		I. I	

Schedule	E		
(Continua	tion	Sheet	١
Payments	Mad	de	

Amounts may be rounded

					- ,	
Statement covers period		CALIF	ORNIA		A	7
from9-25-16	5	FO	RM	-	101	Ů
through 10-22-	16	- Page _	6	of_	<i>ھ</i> ا	
		I.D. NUN	/BER			
		138830	Ω			

(Continuation Sheet) Payments Made	to whole dollars.	from 9-25-16	california 460
SEE INSTRUCTIONS ON REVERSE		through 10-22-16	Page O of
NAME OF FILER			I.D. NUMBER
Anne Marie Fuller			1388398

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs CMP campaign paraphernalia/misc. CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs PET TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees PHO phone banks POL polling and survey research staff/spouse travel, lodging, and meals FND fundraising events transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services VOT voter registration LEG legal defense PRO professional services (legal, accounting) WEB information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE CODE OR DESCRIPTION OF PAYMENT AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Vista Print www.vistaprint.com \$221.37 LIT Signarama 470 W. Larch Road #7 **CMP** \$194.40 Tracy, Ca. 95304

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

SUBTOTAL \$

\$415.77

RECEIVED CITY CLERK'S OFFICE

2016 OCT -7 AM 9: 45

CITY OF TRACY TRACY, CA

Recipient Committee Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period from 7-1-16 through 9-24-16	Date of election if applicable: (Month, Day, Year)		For Official Use Only
1. Type of Recipient Committee: All Committees - Co	emplete Parts 1, 2, 3, and 4.	2. Type of Statement:		/************************************
State Candidate Election Committee Recall (Also Complete Part.) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 8) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statemen Termination Statement (Also file a Form 410 To Amendment (Explain b	t	interly Statement cial Odd-Year Report
3. Committee Information	D. NUMBER 1388398	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) AND WAVE FULLY FOR (STREET ADDRESS (NO P.O. BOX) CITY TY COLUMN STREET OF P.O. BOX MAILING ADDRESS HE DIFFERENTIND AND STREET OF P.O. BOX CITY TO BOX TATE JECT THE STREET OF P.O. BOX TATE JECT THE STREET OF P.O. BOX THE STREET OF P.O. BOX THE STREET OF P.O. BOX THE STREET OF P.O. BOX	174 Council 2010 CO Drive 5376 ABEACODE/PHONE AREACODE/PHONE 2011	NAME OF ASSIGNANT TREASURE	evyl Ma West 20th Bax 948 STATE ZIPGI	COEPHONE 28
OPTIONAL FAX/E-MAN ADDRESS / CA. 9.	5378 637-3838	OPTIONAL: FAX / E-MAIL ADDRES	Ca. 90	5378 637-383
4. Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of Executed on Option Executed on Date	California that the foregoing is true and c By	nowledge the information contained	herein and in the attached ac	hedules is true and complete. I
Executed on	By	mature of Controlling Officeholder, Candidate,	State Measure Proponent	***************************************

RECEIVED CLERK'S OFFICE

2016 SEP 28 PM 1:58

CITY OF TRACY TRACY, CA

Recipient Committee Campaign Statement Cover Page SEE INSTRUCTIONS ON REVERSE	from: 1-10 through 4-24-16	Date of election if applicable: (Month, Day, Year)	Date Stamp	CALIFORNIA 460 FORM Page of For Official Use Only
1. Type of Recipient Committee: All Committees -	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Abo Complete Parts) 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)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain by	t Spec ermination)	terfy Statement ial Odd-Year Report
3. Committee Information	I.D. NUMBER / 358 398	Treasurer(s)	101 Ma 1º 50	in Λ
STREET ADDRESS (NO P.O. BOX) CITY MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR P.O. BOX CITY MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR P.O. BOX COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) WALLING ADDRESS (IF DIFFERENT) NO AND STREET OR P.O. BOX COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) WALLING ADDRESS (IF DIFFERENT) NO AND STREET OR P.O. BOX COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	95376 (PEASSPERFHONE - 3832	NAME OF TREASURER 3 5 UC4 MAILING ADDRESS CITY NAME OF ASSISTANT TREASURE MAILING ADDRESS TO COLUMN MAILING ADDRESS	A 20th St. CA GO avil Fuller statico Driv	5376 DE 209814 1994 (C) 5376 (20) 6373×20
CITY TVALLY Care	Ca. 9579 637-383	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL FAX/E-MAIL ANDRESS ANNE Mariet Counc		OPTIONAL: FAX / E-MAIL ADDRES	S	
Verification I have used all reasonable diligence in preparing and revicently under penalty of perjury under the laws of the State	ewing this statement and to the best of my to	owledge the information contained	herein and in the attached sch	edules is true and complete. I
Executed on	Ву	L. II WUNDER	· <u> </u>	
Executed on	By Signature of Controls	ng Officenolder, Candidate, Stole Measure	pronent or Responsible Officer of Sponso	a .
Executed on	Ву	nature of Controlling Officeholder, Candidate, S	State Measure Proponent	****
Executed on	Rv	nature of Controlling Officencider, Candidate, S		

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460 FORM of Officers

5.	Officeholder or Candidate Controlled Committee	6.	Primarily Formed Ballot	Measure Con	nmittee	
	NAME OF OFFICEHOLDER OR CANDIDATE ANNE Marie Fuller		NAME OF BALLOT MEASURE		***************************************	
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
	S65 Ballico Drive Way (4.953)	H_0	Identify the controlling office			pponent, if any.
	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.	•	OFFICE SOUGHT OR HELD		DISTRICT NO), IF ANY
	COMMITTEE NAME I.D. NUMBER		***************************************			
	NAME OF TREASURER CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Officeho for which this com	older Committee indittee is primarily form	List names of ned.
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
	COMMITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
	NAME OF TREASURER CONTROLLED COMMITTEE? LYES NO COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CA	NDIDATE OF	FICE SOUGHT OR HELD	SUPPORT OPPOSE
	CITY STATE ZIP CODE AREA CODE/PHONE		Attac	ch continuation si	heets if necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM

SEE INSTRUCTIONS ON REVERSE D. NUMBER NAME OF EAR Column B CALENDAR YEAR TOTAL TO DATE Column A Calendar Year Summary for Candidates Contributions Received Running in Both the State Primary and **General Elections** Monetary Contributions..... 1/1 through 6/30 20. Contributions SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 4. Nonmonetary Contributions. Schedule C, Line 3 21. Expenditures Made 5. TOTAL CONTRIBUTIONS RECEIVED _____Add Lines 3+4 \$ **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made...... Schedule H, Line 3 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 S Date of Election Total to Date (mm/dd/yy) Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ To calculate Column B. add amounts in Column A to the corresponding *Amounts in this section may be different from amounts amounts from Column B reported in Column B. of your last report. Some amounts in Column A may be negative figures that should be subtracted from If this is a termination statement, Line 16 must be zero. previous period amounts. If this is the first report being 17. LOAN GUARANTEES RECEIVED...... Schedule B, Part 2 \$ filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents...... See instructions on reverse 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Calcadula D. Daniel	Am	ounts may be ro	unded				SUME	DULE B - PART 1
Schedule B – Part 1		to whole dollars	5.		Statement cov	ers period	CALIFORN	A 460
Loans Received					from f	-/ W	FORM	
					0	2.1.1/	Colored Colore	
SEE INSTRUCTIONS ON REVERSE A					through 1	416	Page	or_13
NAME OF FIXER AND MARIE	Fuller						I.D. NUMBER	838
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER 1.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVE THIS PERIOD	LI DEE DE TUIS	(*) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Anne Mark Fuller	Columnista			☐ PAID			200	CALENDAR YEAR
	STONEY F			\$. \$	RATE	1.22	\$
SUS Ballico Dr.	Tracy			FORGIVEN		1	1.1-ali	PER ELECTION**
TOCKY Car, 45 >+6	'press	\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
Aune Marte Fuller	Columnist			☐ PAID			2:00	CALENDAR YEAR
Auric Moure Failer	d 1000 4000				\$	%	1.45	\$
Les Ballico VI	& which			FORGIVEN	de la company de	RAYE	0101.	PER ELECTION**
Vary (Ca. 95376)	Tradress	\$	5	\$	DATE DUE	\$	DATE INCURRED	\$
- Landon d	751. 1032			[] PAID		***************************************	\ A _	CALENDAR YEAR
Enne Marie Fuller	COMMIN					4.	11260 a	}
565 Ballico Dr.	& WILLE			FORGIVEN	• moderatriducidementassessons	RATE	1	PER ELECTION**
TC (11 C. 027)	TVacil			LJ FORGIVEN			18/0/11.	Fart assettion
IND COM OTH OTY OSC	20625	\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$:	5	\$	\$	1,46	709
Schedule B Summary						(Enter (e) on Schedule E, Line 3)	7	
1. Loans received this period	**************************************			\$				
(Total Column (b) plus unitemized loan	s of less than \$100.)					<u></u>	745-60-3-	
				_		i	Contributor Codes ID Individual	
2. Loans paid or forgiven this period	***************************************	****************		5	***************************************		OM – Recipient Co	ommittee
(Total Column (c) plus loans under \$10		duta A \			£ 100 1	ŀ	(other than F	PTY or SCC)
(Include loans paid by a third party that	are also hemized on Sche	uuie A.)			' Yon	0	TH – Other (e.g., t TY – Political Part)	business entity)
3. Net change this period. (Subtract Line	e 2 from Line 1.)			.NET \$	1020		CC - Small Contril	
Enter the net here and on the Summar					Asy be a negative number)	_		

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

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

0-6-3-3-5-5-64	Am	ounts may be ro	unded				SCHEDULE B - PART 1		
Schedule B – Part 1		to whole dollars	5.		Statement cov	ers period	CALIFORN	A 460	
Loans Received					from	-110	FORM		
SEE INSTRUCTIONS ON REVERSE					through 1-2	24-16	Page 5	of 15	
NAME OF FILER	11	***************************************					I.D. NUMBER	7 - 7	
Anne Mai	refuller						1388	398	
FULL NAME, STREET ADDRESS AND ZIP CODE	IF AN INDIVIDUAL, ENTER	OUTSTANDING	(b) AMOUNT	(c) AMOUNT PAID	(d) OUTSTANDING	(e) INTEREST	(f) ORIGINAL	(g) CUMULATIVE	
OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	OCCUPATION AND EMPLOYER (# SELF-EMPLOYED, ENTER NAME OF BUSINESS)	BALANCE BEGINNING THIS PERIOD	RECEIVED THIS	OR FORGIVEN THIS PERIOD	CLOSE OF THIS	PAID THIS PERIOD	AMOUNT OF LOAN	CONTRIBUTIONS TO DATE	
A and Move Fillor	Columnst			☐ PAID			100	CALENDAR YEAR	
Anne year refle	Columns'			\$	\$:420	\$	
565 Ballico U.	& Writer			☐ FORGIVEN		RATE	al L	PER ELECTION**	
Taul 16.9534	1/ach	ss	5	s			4/23/16		
TO IND COM COTH CPTY CSCO	Press	,	•	·	DATE DUE		DATE INCURRED	***************************************	
				PAID				CALENDAR YEAR	
				\$	\$	Marinetin de constante 76	\$ 1/10/4/10/10/10/10/10/10/10/10/10/10/10/10/10/	\$ -000000000000000000000000000000000000	
				FORGIVEN		RATE		PER ELECTION**	

T ND COM OTH PTY SCC				* interior de la company de la	DATE DUE		DATE INCURRED	4	
				☐ PAID				CALENDAR YEAR	
				\$	\$	%	\$	\$	
				FORGIVEN		RATE		PER ELECTION**	
				_		And a	1		
TO NO COM OTH OTY SCC		•	Ψ	3	DATE DUE	*	DATE INCURRED	***************************************	
		SUBTOTALS \$;		\$	\$	42	0 5	
Schedule B Summary						(Enter (e) on Schedule E, Line 3)			
Loans received this period				e					
(Total Column (b) plus unitemized loan				·····	indirii:			_	
	•						ontributor Codes)	
2. Loans paid or forgiven this period		•••••		\$			D – Individual DM – Recipient Co	nmmittee	
(Total Column (c) plus loans under \$10		advilar A. A				i	(other than F	PTY or SCC)	
(Include loans paid by a third party that	t are also itemized on Sche	roule A.)		1	800		「H ← Other (e.g., t ϓ ← Political Party		
3. Net change this period. (Subtract Line	e 2 from Line 1.)			.NET \$	<u> </u>		C - Small Contri		
Enter the net here and on the Summar	v Page Column A Line 2			rul	to he a necession combact	<u></u>			

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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

** If required.

Schedule A (Continuation Sheet) Monetary Contributions Received			Amounts may to whole o		Statement cover from	urs period 1-16 24-16	SCHEDULEA (CONT.) CALIFORNIA 460 FORM Page of 15	
NAME OF TREE	Hinne	Mare Full			·		13	388398
DATE RECEIVED	FULL NAME, STREET A	ADDRESS AND ZIP CODE OF CONTRIBUTOR MITTEE, 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 ELECTION TO DATE (IF REQUIRED)
9/8/16	Uaugh 1960 M Tract	un Coctes Tracy Blvd.	IND COM OTH PTY SCC	Retireel	\$600			
9/17/16	Vaugni 1969 V	n Gates Train Dlud. Tain 95376	DECOM	Retived	\$ 3900			
,			00 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					
			☐IND ☐COM ☐OTH ☐PTY ☐SCC					
	-Machine Commission (Machine Commission (Machi		□IND □COM □OTH □PTY □SCC					
				SUBTOTAL	s 994/			

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

		A (Continuation Sheet) Contributions Received	Amounts may to whole d		Statement coverage from 7-1-through	4 1	CALIFORNIA 460 FORM	
	NAME OF FILER	Anne Marie Fulle	1	<u> </u>		1.0	1388398	
	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)	E PER ELECTION TO DATE (IF REQUIRED)	
8/	13/16	linda James 1258 Audrey Drive Tract. Ca. 95376	IND COM OTH PTY SCC	Refired	\$25°			
81	13/16	Mille Maloney 635 School St.#3 Tray, Ca. 95376	COM COM COTH SCC	Retired	\$40°			
8/.	25/16	Christine Perio 976 Harbor Court Tracy, Ca. 95304	SIND COM OTH PTY SCC	Small Busivess Dwner	#100°			
9	18/16	Joesph Perez 1680 Piper Place Tracy, Car. 95304	D COM COM D FTY SCC	Retired	\$ 600			
9	2/16	Madeline walker 1875. IStreet Livernishe a. 94550	OTH PTY SCC	Real Estate	#1000			
				SUBTOTAL	\$ 225 W			

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

	A (Continuation Sheet) Contributions Received	Amounts may to whole o		Statement cov	-16 24-16	SCHEDULEA (CONT.) CALIFORNIA 460 FORM of	
NAME OF FILER	Anne Marie Ful	W			3.D. t	388398	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, 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)	
8/19/16	Karen Avanda 4653 Riversew Crt Trang. Ca. 95377	IND COM COM OTH PTY SCC	Busines Danes	4500			
9/6/16	Rhonder Keoy 971 Summertine Dr. Tracil Ca. 95376	IND COM OTH PTY	Business Owner	\$5000			
9/15/16	San Toaquin Calarvas Alpino and Amedor lis Building Trades Council	COM COM DETY SCC	Endorsement	\$500			
	100 Box 8014 Stockhon, Ca.	D SC C C C C C C C C C C C C C C C C C C					
9/17/16	Susie Borber Rossi 1852 W. 11th St. Tracy Ca. 95376	IND COM	Retail	\$25°			
**************************************			SUBTOTAL !	10254			

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Scheaule	A		ts may be rounded		SCHEDULE A		
Monetary	Contributions Received	to	whole dollars.	Statement coverage of the statement coverage	1/	IFORNIA 460	
				through 9-2	4-16	<u>9 015</u>	
SEE INSTRUCTION	IS ON REVERSE	~+95000.6X/5++10.04++10.000+10.000+10.000+10.000+1		unough			
NAME OF FILER	nne Marretuller				I.D. N	388398	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)	
7/4/16	Burton Smith 3118 Reminaton Way San Jose, G. 95148	IND COM OTH PTY SCC	Refired	\$5000			
7/11/16.	Frank Wacqueer 1852 W. 11th #229 Tracy, Ca. 95376	EXD COM DTH PTY SCC	Retired	4500			
7/18/16	Stephen Rydolfi 216 Acacia Street Tracy, Ca. 95376	BIND COM OTH PTY SCC	Retired	\$5700			
8/13/16	Nelson Hu 2435 Naglee Road Tray Ca. 95304	EIND COM OTH PTY SCC	orthodontist	\$100			
3/13/16	AlPCC "Evalish 1492 Riverdon Ave. TVay, Ca. 95377	IND COM OTH PTY SCC	Retired	\$5090			
	·		SUBTOTAL \$	<u> 300 %</u>			
Schedule A	Summary				*Contributor	Codes	
	elved this period – itemized monetary contributions. Schedule A subtotals.)		e			pient Committee	
,	elved this period – unitemized monetary contribution			de martie de la diministra de l'étain de l'étain de l'étain de la cidad de la cidad de la cidad de la cidad de	(other than PTY or SCC) OTH - Other (e.g., business entity)		
3. Total mone	tary contributions received this period.			7 N79E	PTY - Political Party SCC - Small Contributor Committee		
(Add Lines	1 and 2. Enter here and on the Summary Page, Col	umn A, Line 1	.)TOTAL \$		-	DDC Sarm ASD 11 120-51	
				F		PPC Form 460 (Jan/2016) pc.ca.gov (866/275-3772) www.fppc.ca.gov	

·	Contributions Received		nts may be rounded whole dollars.	Statement cover from 7-1	ers period - 16 24-16	CALIFORNIA 460 FORM Page 10 of 15
SEE INSTRUCTION NAME OF FILER	Finne Mane Tu	ller				1388398
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR TO DATE
8/13/14	246 East 22nd St. Tracy Ca. 95376	COM COM OTH PTY SCC	Retred	\$500		
3/13/16	Sherley Calvert 121 Forest Hills Dride Tracy a. 95376	MIND COM OTH PTY SCC	Retived	\$2500		
3/13/16	Toesph Perez 1680 Piper Place Tracy, Ca. 95304	IND COM OTH PTY SCC	Retired	\$2500		
3/13/16	David C 1578 Tamp Isle Tray (a. 95376	OIND COM OTH PTY SCC	Retired	\$2500		
3/13/16	Peanna Cawley 103 East 8th St. Tracy, (a. 95376	IND COM OTH PTY SCC	Smell business Owner	\$250		
-			SUBTOTAL:	\$ 150%		
(Include all	eived this period – itemized monetary contributions. Schedule A subtotals.)			AMANAAASTOOLIO AANAA IIII AANAA AANAAA AANAA AANAAA AANAAA AANAAA AANAAA AANAA AANAA AANAAA AANAA AANAA AANAA AANAA AANA	IND - COM	tributor Codes Individual In Recipient Committee (other than PTY or SCC) Other (e.g., business entity)
3. Total monet	eived this period – unitemized monetary contribution tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Col			2,029	PTY-	- Political Party - Small Contributor Committee
		, = 2	, ,	/ FI	PPC Advice: advic	FPPC Form 460 (Jan/2016) ce@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

	Schedule A Monetary Contributions Received		its may be rounded whole dollars.	Statement cove	1/ 2/1	CALIFORNIA 460	
SEE INSTRUCTION	SONREVERSE +	rller		through	Page I.D.N	0.17 of 35 UMBER 378	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER LD. 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)	
8/13/16	Stan Seguerra 1622 Bessie Ave 1472 Justin 45376	IND COM OTH PTY SCC	Retired	\$250			
8/13/16	Mile Kaelinbay 201 Ranchero Way Tracy Ca. 95376	DIND COM OTH PTY SCC	Refred	#2500			
3/13/16	Elizabeth Tidd 4252 Regis Dr. 96377 Tracy, Ca.	COM COTH PTY SCC	Retired	\$2500			
113/16	Coloria Murphy 1481 Pecan Cane Tracy, Ca. 95376	COM COM OTH PTY SCC	Retired	\$5000			
13/16	Lauren Hagele 1051 Pascoe Ave San OSC, Car 95125	IND COM OTH PTY SCC	Retired	\$25°0			
			SUBTOTAL	1 15 7			
(Include all 2. Amount red 3. Total mone	A Summary ceived this period – itemized monetary contributions Schedule A subtotals.) ceived this period – unitemized monetary contributio tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	ns of less that	n \$100\$	2,02960/	OTH - Other PTY - Politic SCC - Small	ual pient Committee r than PTY or SCC) r (e.g., business entity) at Party Contributor Committee	
				/ FI		PPC Form 460 (Jan/2016) c.ca.gov (866/275-3772) www.fppc.ca.gov	

Schedule A (Continuation Sheet) Monetary Contributions Received			be rounded tollars.	Statement cover from	-16 F	SCHEDULE A (CONT.) CALIFORNIA 460 Page 2 of 5		
NAME OF FILER	Aine Marie Fu	eller		1111 Web 214 was farmed with the	LO.NI			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)		
9/17/16	Sandra Bouhi 1337 Bessie Aul. Trawl. Ca. 95376	COM COTH CTH CSCC	Retired	#250				
9/17/16	Kevin Poole 402 D. Mail Run Circle Tray. Ca. 95377	IND COM	Manager at Unite Svedit	#5000				
9/17/16	Sio Rocquet Dr. Traw. 19, 95376	IND COM	Retired	\$500				
7/19/16	Alice English 1492 Riversey Ave. Tray Ca. 95377	IND COM OTH PTY	Retired	4250				
/17/16	Stan Takahashi 75.99 Renee Drive Tvay, Ca. 95304	IND COM	BUSINESS OWNER	\$250				
			CHDTATAL	. 1750				

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			be rounded lollars.	Statement cover from 7-70	1-16 Page	
ì	NAME OF FILER	rune Marie L	110/			1.0.	388398
	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1.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)
q	117/16	DMAY Ziad 1486 W. Lith St. Tray, a. 95376	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Agent	4300		
q	117/16	Geanna De Bendeth 875 Justice evt. Tracy Ca. 94536	IND COM COTH PTY	Golf Shop Manager	8250	a	
9/	17/16	Shirley Calvert 121 Fortest Hills Dr. Tracy Ca. 95376	IND COM OTH PTY SCC	Retired	#520)		
9/	17/16	Alfred Perio 176 Harby Crt. Tracy, Ca.	IND COM OTH PTY SCC	Retired	\$5000		
9	/17/16	Steve Tidel 4252 Regis Drive Tracy, Ca. 95377	IND COM OTH PTY SCC	Retived	\$5000		
				SUBTOTAL	s / X() /		

Coninction Codes

IND – Individual

COM – Recipient Committee
(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

Schedu			Amounts may be rounded to whole dollars.					SCHEDULE C		
Nonmo	netary Contributions Received				fror	Statement covers p	eriod 6	CALIF		
						924	-16	Page /	4 .15	
SEE INSTRUCTION NAME OF FILE	TIONS ON REVERSE R				unt	/ugii		I.D. NUME	SER (d)	
	inne Marie 7	ull	Г					13	788398	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)	
) S/16	Mille Kastin 201 Ranchero Way Tany Ca. 0376	□IND □COM □OTH □PTY □SCC	Retired	Sign	S	8200°				
	l l	□IND □COM □OTH □PTY □SCC			Over a construction of the			or developed and the second		
		□IND □COM □OTH □PTY □SCC		·						
		□IND □COM □OTH □PTY □SCC			***************************************					
Attach add	ditional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL:	2009			NOOTH CONTRACTOR OF THE CONTRA	
Amount (Include Amount	e C Summary received this period – itemized nonmonetar all Schedule C subtotals.) received this period – unitemized nonmonetary contributions received this period	ary contribut				2 01	IND COM	(other th - Other (e - Political I	nt Committee ean PTY or SCC) .g., business entity)	
(Add Lin	es 1 and 2. Enter here and on the Summan	 / Page, Colui	mn A, Lines 4 and 10.)	TOT#	VL \$ 4	- 388 FPPC A		FPPC	Form 460 (Jan/2016) .gov (866/275-3772) www.fppc.ca.gov	

Schedule C Nonmonetary Contributions Received			Amounts may be rounded to whole dollars.		Statement covers period from 7-1-16 through 9-24-16		CALIFORNIA 460		
SEE INSTRU	JCTIONS ON REVERSE		***************************************		thro	ugh	<u> </u>	I.D. NUMB	2 of /\(\)
	Anne Marie Fu	ller						13	38398
DATE RECEIVEI	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 GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CALENDA	TIVE TO TE AR YEAR DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/11	Sheryl Modison 250 West 20th St. Tracy, CA 95376	IND COM	Small Bs.	websit Hostor	e	492/			
9/13/1	Sansar Restauran 430 West Corant Line R 4 Tray, Ca. 914536	I ∐ COM	Bus mess Dwner	Hall weeker	frea (# 90,00			
- 1/17/1	EL Patio Origina (Restua) Autorio Llanos 61005 E. Descado tuto	COM COM OTH PTY SCC	Busines) Roner	Hall Me Area # Food	ethes	# 900°			
1/25/	Evelyn Thompson	□IND □COM □OTH □PTY □SCC	Busiliers Dwner	Signs	>	#Z489			
Attach a	Attach additional information on appropriately labeled continuation sheets.					<u> 2,188′</u>			
Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)				\$	en e	IND	(other the	nt Committee an PTY or SCC)	
 Amount received this period – unitemized nonmonetary contributions of less than \$100 Total nonmonetary contributions received this period. 					\$	7.2般	PTY	- Political F	g., business entity) Party ontributor Committee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE				mrough 1 7 V	Page	of
Anne Marie Fulle	$\sqrt{}$				1.D. NUMBE 138	\$8398
CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL roll roll roll roll roll roll roll rol	the payment, you make member community meetings and a DFC office expenses petition circulate PHO phone banks POL polling and sun postage, delive professional se PRT print ads	unications appearances s ting vey research ary and mess	R R R S T T T T T T T T T T T T T T T T	e, describe the payment. AD radio airtime and production of the payment of the payment. AL campaign workers' salaries of the payment of the	action costs I meals and meals of the same o	,
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE O	R DESCRIF	TION OF PAYMENT		AMOUNT FAID
City Clerk 333 Civic Center Plaza	Trany	FIL	Filin	g Fee		\$ 25.00
City of Tray 333 Civic Center Plaza		FIL	Candio	late Statem	ent s	 \$1,350.6
95 W. IKM Street # 101, Tr	alf	PRT	Newsp	paper Ad		\$ 78.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.				Sui	ALATOTE	1453,0
Schedule E Summary					**************************************	20.00

Amounts may be rounded

to whole dollars.

Schedule E

Payments Made

SCHEDULE E

CALIFORNIA FORM

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule E (Continuation Sheet) Payments Made	Amounts may be ro to whole dollar			Statement covers period from 7-1-16	SCH CALIFORN FORM	EDULE 8 (CONT.) NA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Filler	94.944		through / Z T / W	I.D. NUMBER	8398
CODES: If one of the following codes accurately described campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	sthe payment, you as the payment, you as the payment, you as the payment, you are meetings and ap OFC office expenses PET petition circulatin PHO phone banks POL polling and surve POS postage, delivery PRO professional serv	nications pearances g y research y and messe	nger services	wise, describe the payment. RAD radio airlime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airlime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, ir TSF transfer between committees VOT voter registration	costs fuction costs d meals and meals	
LIT campaign literature and mailings NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER I.D. NUMBER)	PRT print ads	CODE OR	DES	WEB information technology costs CRIPTION OF PAYMENT	•	AMOUNT PAID
Vista Print Nuw. Vista print. Com	L	-IT	Busir	ness Cards	8	 \$ 28.58
Staples 2471 Naglee RD. Tro	ucy C	"MP	Cam,	Paign Stamp	5	# 60.46
Go Daddy www. bo Daddy. Com			Don	nain Nami	e '	412.17
Vista Print, Com	6	-11	Can	paign Post	ards 8	to 61.55
Signarama 470 W. Larch Road#7	Tray C	² MP	Cam	paigu Sig	ns t	300.07

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

SUBTOTAL \$

SCHEDULE E (CONT.)

Schedule E	- -
(Continuat	ion Sheet)
Payments	Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

CALIFORNIA **FORM** through

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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 FIL candidate filing/ballot fees FND fundraising events

IND independent e LEG legal defense independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

MBR member communications

MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks

print ads

POL POS polling and survey research

postage, delivery and messenger services professional services (legal, accounting) PRO

RAD radio airtime and production costs RFD returned contributions

campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals TEL TRC

TRS staff/spouse travel, lodging, and meals TSF

transfer between committees of the same candidate/sponsor

voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE			
(IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
Novvanna 1005 East Pescadero Ave. Trac	x FND	Event	\$400.00
Signarama 470 W. Larch Road #7 Ivac	1 CMP	Sign Frames	\$ 29.81
County of San Joaquin Registra, of voters State of California 444 N. San Joaquin Street #35		Walking Index	\$18.40
Vista Print Jon www. Vista Print, Com	211	Campaign Postcaro	\$ \$211.65
Signarama 470 W. Larch Road#7 Tracy	CMP	Campaign Signs	8325.A
*Payments that are contributions or independent expenditures must also be summarized on \$		SUBTOTA	LS 98486

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

(Continuation Sheet) Payments Made	to whole do			Statement covers period from 7-1-16	CALIFO FOR	RNIA 460		
SEE INSTRUCTIONS AN REVERSE NAME OF FILER ANNE Marie Fa	16	aaaaaannaa miiskuskiikiskiiskiiskiiskiiskiiskiiskiis	andraide Constitution Constitution (Constitution Constitution Constitu	through	Page	** ***********************************	- Constanting	
CODES: If one of the following codes accurately descrit CMP campaign paraphernalla/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circul PHO phone banks POL polling and si POS postage, delir	munications d appearances ses ating urvey research	enger services	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production and production ratio are salaries transfer between committee voter registration web.	fuction costs id meals and meals s of the same	•	-	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE O	R DES	CRIPTION OF PAYMENT		AMOUNT PAID		
Vista Print NWW. Vistaprint. Com		CMP	Cam	Paign T-Si	11/15	4 86.	- 30	
							300F	
						n kanada kan		
* Payments that are contributions or Independent expenditures must also	be summarized on Sche	dule D.		S	JBTOTAL \$	86.30	ص آ	
FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov								

Amounts may be rounded to whole dollars.

Schedule E

SCHEDULE E (CONT.)

CALIFORNIA 460

Statement covers period