Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Date Stamp
RECEIVED
CITY CLERK'S OFFICE
2016 OCT 26 PM 5:05
CITY OF TRACY
TRACY, CA

CALIFORNIA FORM **460**

Page 1 of 6

For Official Use Only

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 9-25-16	11-8-16
through 10-22-16	

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

3. Committee Information

I.D. NUMBER: 1388398

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Anne Marie Fuller for Council 2016

STREET ADDRESS (NO P.O. BOX): 565 Ballico Dr.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	Ca	95376	(209) 637-3830

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: P.O. Box 948

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	Ca	95378	(209) 637-3830

OPTIONAL: FAX / E-MAIL ADDRESS: AnneMarie4Council@gmail.com

Treasurer(s)

NAME OF TREASURER: Sheryl Madison

MAILING ADDRESS: 250 W. 20th St.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	Ca	95376	(209) 814-1994

NAME OF ASSISTANT TREASURER, IF ANY: Anne Marie Fuller

MAILING ADDRESS: P.O. Box 948

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Tracy	Ca	95378	(209) 637-3830

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 cc

Executed on 10-26-16 (Date) By _____

Executed on 10-26-16 (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

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Anne Marie Fuller

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

Tracy City Council

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

565 Ballico Dr. Tracy, Ca. 95376

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 9-25-16 through 10-22-16

CALIFORNIA FORM 460

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Anne Marie Fuller

I.D. NUMBER 1388398

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$2050.00	$4079.00
2. Loans Received	*Schedule B, Line 3*	N/A	$1820.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$2050.00	$5899.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	N/A	$2388.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$2050.00	$8287.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$1537.34	$4524.28
7. Loans Made	*Schedule H, Line 3*	N/A	N/A
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$1537.34	$4524.28
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	N/A	N/A
10. Nonmonetary Adjustment	*Schedule C, Line 3*	N/A	N/A
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$1537.34	$4524.28

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$862.06
13. Cash Receipts	*Column A, Line 3 above*	$2050.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	N/A
15. Cash Payments	*Column A, Line 8 above*	$1537.34
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$1374.72

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ N/A

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — *See instructions on reverse* — $ _____

19. Outstanding Debts — *Add Line 2 + Line 9 in Column B above* — $ _____

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

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 9-25-16
through 10-22-16

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Anne Marie Fuller

I.D. NUMBER 1388398

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)
9/29	Theodore Hoppenrath 1951 W. Middlefield Dr. #113 Tracy, Ca. 95377	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50.00	$50.00	
9/29	Plumbers & Pipefitters Local 442 4842 Nutcracker Lane Modesto, Ca. 95356	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
10/13	Operating Engineers Local Union No. 3 District 30, Political Action Committee 1916 North Broadway Ave. Stockton, Ca. 95205	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$1,000.00	$1,000.00	
10/19	San Joaquin - Calaveras Cos. Central Labor Council 115 N. Sutter Street, Suite 200 Stockton, Ca. 95202	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$500.00	$500.00	
10/19	Bricklayers & Allied Craftworkers Local No. 3 10806 Bigge Street San Leandro, Ca. 94577	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		$250.00	$250.00	
			SUBTOTAL $	$2050.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ $2050.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ N/A
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** $2050.00

*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 E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 9-25-16
through 10-22-16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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
Larry Levine's Election Digest 1954 W. Carson St. Torrance, Ca. 90501	LIT		$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		$194.40

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

SUBTOTAL $ $1069.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ $1,485.17
2. Unitemized payments made this period of under $100 ..... $ $52.17
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 the Summary Page, Column A, Line 6.) ..... **TOTAL $** $1537.34

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 9-25-16 through 10-22-16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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
Vista Print www.vistaprint.com	LIT		$221.37
Signarama 470 W. Larch Road #7 Tracy, Ca. 95304	CMP		$194.40

* 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

COVER PAGE

Recipient Committee Campaign Statement Cover Page

Date Stamp

CALIFORNIA FORM **460**

Page ____ of ____

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7-1-16 through 9-24-16

Date of election if applicable: (Month, Day, Year) 11-8-16

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:

- [ ] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [x] Amendment (Explain below) Schedule E
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1388398

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Anne Marie Fuller for City Council 2016

STREET ADDRESS (NO P.O. BOX): 565 Bullpo Drive

CITY: Tracy STATE: Ca. ZIP CODE: 95376 AREA CODE/PHONE: (209) 637-3830

MAILING ADDRESS (IF DIFFERENT, P.O. AND STREET OR P.O. BOX): P.O. Box 948

CITY: Tracy STATE: Ca. ZIP CODE: 95378 AREA CODE/PHONE: (209) 637-3830

OPTIONAL: FAX / E-MAIL ADDRESS: AnneMarie4Council@gmail.com

Treasurer(s)

NAME OF TREASURER: Sheryl Madison

MAILING ADDRESS: 250 West 20th Street

CITY: Tracy STATE: Ca. ZIP CODE: 95376 AREA CODE/PHONE: (209) 814-1994

NAME OF ASSISTANT TREASURER, IF ANY: Anne Marie Fuller

MAILING ADDRESS: P.O. Box 948

CITY: Tracy STATE: Ca. ZIP CODE: 95378 AREA CODE/PHONE: (209) 637-3830

OPTIONAL: FAX / E-MAIL ADDRESS: N/A

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 co...

Executed on 10-6-16 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10-6-16 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Treasurer or 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)

RECEIVED
CITY CLERK'S OFFICE

2016 SEP 28 PM 1:58

CITY OF TRACY
TRACY, CA

Recipient Committee Campaign Statement Cover Page

COVER PAGE

Date Stamp

CALIFORNIA FORM 460

Page 1 of 15

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7-1-16 through 9-24-16

Date of election if applicable: (Month, Day, Year) 11-8-16

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

3. Committee Information

I.D. NUMBER 1388398

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): AnneMarie Fuller for City Council 2016

STREET ADDRESS (NO P.O. BOX): 565 Ballico Dr.

CITY: Tracy STATE: Ca. ZIP CODE: 95376 AREA CODE/PHONE: (209) 637-3830

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: PO Box 948

CITY: Tracy STATE: Ca. ZIP CODE: Ca. 95376 AREA CODE/PHONE: (209) 637-3830

OPTIONAL: FAX / E-MAIL ADDRESS: AnneMarie4Council@gmail.com

Treasurer(s) Sheryl Madison

NAME OF TREASURER: 250 West 20th St.

MAILING ADDRESS: Tracy, CA 95376

CITY STATE ZIP CODE AREA CODE/PHONE: Anne Marie Fuller 209 814 1994

NAME OF ASSISTANT TREASURER, IF ANY: 565 Ballico Drive

MAILING ADDRESS: Tracy Ca. 95376 (209) 637-3830

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 foregoi[illegible]

Executed on 9-24-16 (Date) By [illegible] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on 9-24-16 (Date) By [illegible] (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

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

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Anne Marie Fuller

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

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
5165 Bellico Drive Tracy Ca. 95376

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

Amounts may be rounded to whole dollars.

SUMMARY PAGE

CALIFORNIA FORM 460

Start period from 7-1-16 through 4-24-16

Page 3 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 2,029	$
2. Loans Received	Schedule B, Line 3	1,820	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 3,849	$ 3,849.00
4. Nonmonetary Contributions	Schedule C, Line 3	2,388	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 6,237	$

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	$	$

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 2,986.94	$
7. Loans Made	Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 2,986.94	$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3		
10. Nonmonetary Adjustment	Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 2,986.94	$

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.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0
13. Cash Receipts	Column A, Line 3 above	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	
15. Cash Payments	Column A, Line 8 above	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 862.06

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

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

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).

Cash Equivalents and Outstanding Debts

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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 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 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
Anne Marie Fuller 565 Ballico Dr. Tracy, Ca. 95376 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Columnist & Writer Tracy Press	$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ 25.00 6/29/16 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
Anne Marie Fuller 565 Ballico Dr. Tracy, Ca. 95376 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Columnist & Writer Tracy Press	$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ 25.00 8/8/16 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
Anne Marie Fuller 565 Ballico Dr. Tracy, Ca. 95376 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Columnist & Writer Tracy Press	$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ 1,350.00 8/8/16 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
		SUBTOTALS $	$	$	$	$ (Enter (e) on Schedule E, Line 3)	1,400.00	

Schedule B Summary

1. Loans received this period ..... $ _____
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ _____
   (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 $ 1,820
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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 B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 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 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
Anne Marie Fuller 565 Ballico Dr. Tracy, Ca. 95376 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Columnist & Writer Tracy Press	$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ 420.00 9/23/16 DATE INCURRED	CALENDAR YEAR $ 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 $	$	$	$	$ (Enter (e) on Schedule E, Line 3)	420.00	

Schedule B Summary

1. Loans received this period ..... $ _____
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ _____
   (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 $ 1,820
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

†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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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)
9/8/16	Vaughn Coates 1960 W Tracy Blvd. Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$60.00		
9/17/16	Vaughn Coates 1960 W Tracy Blvd. Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$39.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	99.00		

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

Page 7 of 15

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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)
8/13/16	Linda James 1258 Audrey Drive Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$25.00		
8/13/16	Mike Maloney 635 School St. #3 Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$40.00		
8/25/16	Christine Perio 976 Harbor Court Tracy, Ca. 95304	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Small Business owner	$100.00		
9/8/16	Joesph Perez 1600 Piper Place Tracy, Ca. 95304	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$60.00		
9/2/16	Madeline Walker 187 S. J Street Livermore, Ca. 94550	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Agent	$100.00		
			SUBTOTAL $	325.00		

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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)
8/19/16	Karen Aranda 4653 Riverview Crt, Tracy, Ca. 95377	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner	$50.00		
9/6/16	Rhonda Kooy 971 Summertime Dr. Tracy, Ca. 95376	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner	$50.00		
9/15/16	San Joaquin, Calaveras Alpine and Amador Co. Building Trades Council	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Endorsement	$500.00		
—	PO Box 8014 Stockton, Ca. 95208	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	—	—		
9/17/16	Susie Borges Rossi 6552 W. 11th St. Tracy, Ca. 95376	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retail	$25.00		
			SUBTOTAL $	625.00		

*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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

Page 9 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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)
7/11/16	Burton Smith 3118 Remington Way San Jose, Ca. 95148	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50.00		
7/11/16	Frank Wacquier 1852 W. 11th #229 Tracy, Ca. 95376	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50.00		
7/18/16	Stephen Ridolfi 216 Acacia Street Tracy, Ca. 95376	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50.00		
8/13/16	Nelson Hu 2435 Naglee Road Tracy, Ca. 95304	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Orthodontist	$100.00		
8/13/16	Alice English 1492 Riverton Ave. Tracy, Ca. 95377	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50.00		
			SUBTOTAL $	300.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2,029.00

*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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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)
8/13/16	Leroy Rickman 246 East 22nd St. Tracy Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50.00		
8/13/16	Shirley Calvert 121 Forest Hills Drive Tracy Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$25.00		
8/13/16	Joseph Perez 1688 Piper Place Tracy, Ca. 95304	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$25.00		
8/13/16	David C 1578 Tamp Isle Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$25.00		
8/13/16	Deanna Cawley 103 East 8th St. Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Small business owner	$25.00		
			SUBTOTAL $	150.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2,029.00

*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
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period from 7-1-16 through 9-24-16

Page 11 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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)
8/13/16	Stan Sequeira 1622 Bessie Ave Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$25.00		
8/13/16	Mike Kaelin 201 Ranchero Way Tracy Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$25.00		
8/13/16	Elizabeth Tidd 4252 Regis Dr. 95377 Tracy, Ca.	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50.00		
8/13/16	Gloria Murphy 1481 Pecan Lane Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50.00		
8/13/16	Lauren Hagele 1051 Pascoe Ave San Jose, Ca. 95125	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$25.00		

SUBTOTAL $ 175.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ _____
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ _____
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 2,029.00

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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)
9/17/16	Sandra Bayhi 1337 Bessie Ave. Tracy, Ca. 95376	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$25.00		
9/17/16	Kevin Poole 402 Quail Run Circle Tracy, Ca. 95377	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Manager at Uncle Credit Union	$50.00		
9/17/16	Jason Fell 510 Racquet Dr. Tracy, Ca. 95376	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50.00		
9/19/16	Alice English 1492 Riverview Ave. Tracy, Ca. 95377	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$25.00		
9/17/16	Stan Takahashi 7599 Renee Drive Tracy, Ca. 95304	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner	$25.00		
			SUBTOTAL $	175.00		

*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

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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)
9/17/16	Omar Ziad 1486 W. 11th St. Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Agent	$30.00		
9/17/16	Geanna De Benedetti 875 Justice Crt. Tracy, Ca. 94536	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Golf Shop Manager	$25.00		
9/17/16	Shirley Calvert 121 Forest Hills Dr. Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$25.00		
9/17/16	Alfred Perio 976 Harbor Crt. Tracy, Ca.	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50.00		
9/17/16	Steve Todd 4252 Regis Drive Tracy, Ca. 95377	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$50.00		
			SUBTOTAL $	180.00		

*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 C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 7-1-16
through 9-24-16

Page 14 of 15

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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 SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/16	Mike Kaelin 201 Ranchero Way Tracy, Ca. 95376	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	Signs	$200.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL $ 200.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ _____
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 2,388

*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 C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM 460

Statement covers period from 7-1-16 through 9-24-16

Page 15 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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 SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/7/16	Sheryl Madison 250 West 20th St. Tracy, CA 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Small Bs. Owner	Website Hosting	$ 49.00		
8/13/16	Sunsar Restaurant 430 West Grant Line Rd. Tracy, Ca. 95336	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner	Hall Meeting Area & Food	$ 999.00		
9/17/16	EL Patio Original Restaurant Antonio Llamas 1005 E. Pescadero Ave Tracy, Ca. 95304	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner	Hall Meeting Area & Food	$ 900.00		
8/25/16	Evelyn Thompson 470 W. Larch Rd #7 Tracy, Ca. 95304	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner	Signs	$ 240.00		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 2,188

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ _____
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ _____
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL $ 2,388

*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 E
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E
CALIFORNIA FORM 460

Statement covers period
from 7-1-16
through 9-24-16

Page ____ of ____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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
City Clerk 333 Civic Center Plaza, Tracy	FIL	Filing Fee	$25.00
City Of Tracy 333 Civic Center Plaza, Tracy	FIL	Candidate Statement	$1,350.00
Tracy Press 95 W. 11th Street #101, Tracy	PRT	Newspaper Ad	$78.00

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

SUBTOTAL $ 1453.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 2,986.94
2. Unitemized payments made this period of under $100 ..... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 2,986.94

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 7-1-16
through 9-24-16

CALIFORNIA FORM **460**

Page ____ of ____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Anne Marie Fuller

I.D. NUMBER 1388398

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
Vista Print www.vistaprint.com	LIT	Business Cards	$ 28.58
Staples 2471 Naglee RD. Tracy	CMP	Campaign Stamps	$ 60.46
GoDaddy www.GoDaddy.com		Domain Name	$ 12.17
Vista Print www.vistaprint.com	LIT	Campaign Postcards	$ 61.55
Signarama 470 W. Larch Road #7, Tracy	CMP	Campaign Signs	$ 300.02

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

SUBTOTAL $ 462.78

SCHEDULE E (CONT.)

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

Page ____ of ____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388398

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
Nirvana 1005 East Pescadero Ave. Tracy	FND	Event	$400.00
Signarama 470 W. Larch Road #7 Tracy	CMP	Sign Frames	$29.81
County of San Joaquin Registrar of Voters State of California 44 N. San Joaquin Street #350		Walking Index	$18.40
Vista Print www.vistaprint.com	LIT	Campaign Postcards	$211.65
Signarama 470 W. Larch Road #7 Tracy	CMP	Campaign Signs	$325.00

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

SUBTOTAL $ 984.86

SCHEDULE E (CONT.)

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7-1-16
through 9-24-16

CALIFORNIA FORM **460**

Page _____ of _____

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Anne Marie Fuller

I.D. NUMBER 1388398

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
Vista Print www.Vistaprint.com	CMP	Campaign T-Shirts	$86.30

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

SUBTOTAL $ 86.30