RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

16 SEP 33 AM 9:34

SWORN COMPLAINT FORM
(Form May Be Subject to Public Disclosure)*

10/3 HR

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission.

Mail the complaint to:

Enforcement Division
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, CA 95814

NOTE: The Fair Political Practices Commission does not enforce or address violations of the Brown Act, the content of campaign communications, residency requirements, the inappropriate use of public funds or resources (including use of uniforms or equipment), placement of campaign signs or materials on public property, or violation of a local campaign rule or campaign ordinance.

Person Making Complaint

Last Name: NICOLAOU

First Name: STEVE

Street Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted]

Fax: [redacted]

E-mail: [redacted]

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*IMPORTANT NOTICE

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the person(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC to discuss the complaint at (916) 322-5660 or toll free at (866) 275-3772.

Person(s) Who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: FULLER

First Name: ANNE MARIE

Committee Name: ANNE MARIE FULLER FOR CITY COUNCIL 2016
(only if applicable)

Street Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted]

Fax: (____) ____-_____

E-mail: [redacted]

Describe, With as Much Particularity as Possible, the Facts Constituting the Alleged Violation(s) and How You Have Personal Knowledge that it Occurred.*

IN THE INITIAL FORM 460 FILED BY THE COMMITEE IN QUESTION WITH THE CITY'S CLERK'S OFFICE OF THE CITY OF TRACY ON OR ABOUT SEPTEMBER 28, 2016, IT WAS DISCLOSED FOR THE TIME PERIOD ~~[illegible]~~ JULY 1, 2016 THROUGH SEPTEMBER 24, 2016, ON THE SUMMARY PAGE THAT PAYMENTS WERE MADE DURING THAT TIME PERIOD IN THE AMOUNT OF 17,586.94. HOWEVER SCHEDULE E SETTING FORTH TO WHOM THOSE PAYMENTS WERE MADE DID NOT ACCOMPANY THE FORM 460 IN QUESTION. A COPY OF THE FILED FORM 460 IS ATTACHED TO THIS COMPLAINT AND INCORPORATED BY REFERENCE. WHO THE MONEY RAISED BY A CAMPAIGN COMMITEE GOES TO IS JUST AS IMPORTANT AS WHERE IT CAME FROM. THIS IS A CLEAR OMISSION ON THE PART OF THE COMMITEE IN QUESTION AND ITS OFFICERS.

*IMPORTANT! Attach copies of any available documentation that is evidence of the violation, (for example, copies of checks, campaign materials, minutes of meetings, etc., if applicable to the complaint.) Note that a newspaper article is NOT considered evidence of a violation.

Provision(s)/Section(s) of the Political Reform Act Allegedly Violated and When the Violation(s) Occurred: (If specific sections are not known, please provide a brief summary)

FAILURE TO FILE A COMPLETE + ACCURATE FORM 460 BY FAILING TO SUBMIT A SCHEDULE E SETTING FORTH PAYMENTS MADE TO THIRD PARTIES DURING THE RELEVANT REPORTING PERIOD COVERED BY THE FORM 460 IN QUESTION.

###

Name and Addresses of Potential Witnesses, Other than Yourself, if Known:

Last Name: FULLER

First Name: ANNE MARIE

Street Address: [redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted]

Fax: (____) ____-____

E-mail: _____

Last Name: MADDUX

First Name: SHERYL

Street Address:
[redacted]

City: [redacted] State: [redacted] Zip: [redacted]

Telephone: [redacted]

Fax: (____) ____-_____

E-mail: _____

###

Last Name: _____

First Name: _____

Street Address:
_____

City: _____ State: _____ Zip: _____

Telephone: (____) ____-_____

Fax: (____) ____-_____

E-mail: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

[redacted] 09/30/2016

(Signature) **(Date)**

STEVE NICOLAU

(Please Print Your Name)

Clear Page Print Page

RECEIVED
CITY CLERK'S OFFICE

2016 SEP 28 PM 1:58

CITY OF TRACY
TRACY, CA

Recipient Committee Campaign Statement Cover Page

COVER PAGE

CALIFORNIA FORM **460**

Page 1 of 15

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period: from 2-1-15 through 4-24-16

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 5)
- [ ] 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

ID 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 Ballico Dr.

CITY Tracy STATE Ca. ZIP CODE 95376 AREA CODE/PHONE (209) 637-3530

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
P.O. Box 1948

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 foregoing

Executed on 4-24-16 (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Treasurer/Chief Officer of Sponsor)

Executed on 4-24-16 (Date) By _____ (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

COVER PAGE - PART 2

CALIFORNIA FORM **460**

Page 2 of 15

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 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

from 7-1-16

through 4-24-16

Page 3 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

ID 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	$ 2,089	$
2. Loans Received	Schedule B, Line 3	1,820	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ [redacted]	$
4. Nonmonetary Contributions	Schedule C, Line 3	2,388	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 6,237.00	$

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	$

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	$ 862.00

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

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

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 Limits)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$

*Amounts in this section may be different from amounts reported in Column B.

SCHEDULE B - PART 1

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

Page 4 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388388

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 [1] ☒ 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 [1] ☒ 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 [1] ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Columnist & Writer Tracy Press	$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	% RATE $	$ 1,250.00 8/8/16 DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
	SUBTOTALS	$	$	$	$		1,400.00	

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

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.

[1]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

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

Page 5 of 15

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 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 on Schedule E, Line 3)		420	

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

Page 6 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)
9/8/16	Vaughn Gates 1960 W Tracy Blvd. Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$60.00		
9/17/16	Vaughn Gates 1960 W Tracy Blvd. Tracy, Ca. 95376	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$34.00		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	94.00		

*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		
9/3/16	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 Keoy 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 80144 Stockton, Ca. 95208	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	—	—		
9/17/16	Susie Burkes Rossi 1652 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	Retired	$50.00		
7/11/16	Frank Wacquier 1852 W. 11th St 229 Tracy, Ca. 95376	IND	Retired	$50.00		
7/18/16	Stephen Rydolfi 216 Acacia Street Tracy, Ca. 95376	IND	Retired	$50.00		
8/13/16	Nelson Hu 2435 Naglee Road Tracy, Ca. 95304	IND	orthodontist	$100.00		
8/13/16	AIPCC "English 1492 Riverton Ave. Tracy, Ca. 95377	IND	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

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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	Joesph Perez 1000 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

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

CALIFORNIA FORM 460

Page 11 of 15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388378

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	Retired	$25.00		
8/13/16	Mike Kaelin 201 Ranchero Way Tracy Ca. 95376	IND	Retired	$25.00		
8/13/16	Elizabeth Tidd 4252 Regis Dr. 95377 Tracy, Ca.	IND	Retired	$50.00		
8/13/16	Gloria Murphy 481 Pecan Lane Tracy, Ca. 95376	IND	Retired	$50.00		
8/13/16	Lauren Hagele 1051 Pascoe Ave San Jose, Ca. 95125	IND	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

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NAME OF FILER: Anne Marie Fuller

I.D. NUMBER: 1388348

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	Retired	$25.00		
9/17/16	Kevin Poole 402 Quail Run Circle Tracy, Ca. 95377	IND	Manager at Uncle Credit Union	$50.00		
9/17/16	Jason Fell 510 Racquet Dr. Tracy, Ca. 95376	IND	Retired	$50.00		
9/19/16	Alice English 1492 Riverview Ave. Tracy, Ca. 95377	IND	Retired	$25.00		
9/17/16	Stan Takahashi 7599 Renee Drive Tracy, Ca. 95304	IND	Business owner	$25.00		
			SUBTOTAL $	175.00		

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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 13 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)
9/17/16	Omar Ziad 1486 W. 11th St. Tracy, Ca. 95376	IND	Insurance Agent	$30.00		
9/17/16	Geanna De Benedetti 875 Justice crt. Tracy, Ca. 94536	IND	Golf Shop Manager	$25.00		
9/17/16	Shirley Calvert 121 Forest Hills Dr. Tracy Ca. 95376	IND	Retired	$25.00		
9/17/16	Alfred Perio 976 Harbor Crt. Tracy, Ca.	IND	Retired	$50.00		
9/17/16	Steve Todd 4252 Regis Drive Tracy, Ca. 95377	IND	Retired	$50.00		
			SUBTOTAL $	180.00		

*Contributor Codes
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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

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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 Kaplin 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
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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	$ 495.00		
8/13/16	Sansar Restaurant 430 West Grant Line Rd. Tracy, Ca 95376	☐ 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 95376	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner	Hall Meeting Area & Food	$ 900.00		
8/25/16	Evelyn Thompson 470 W. Larch Rd #2 Tracy, Ca. 95304	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner	Signs	$ 240.00		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $ 2,135.00

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 $ 2,135.00

*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