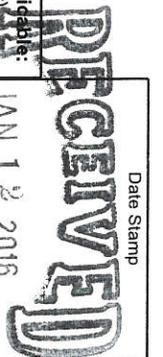


**Recipient Committee
Campaign Statement
Cover Page**

COVER PAGE



Date Stamp
RECEIVED
JAN 12 2016
CITY ADMINISTRATION
CALIFORNIA 460
FORM
Page 1 of 5
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10-29-15
through 12-31-15

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.

- 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 Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Fullerton for City Council 2016

I.D. NUMBER
1381194

Treasurer(s)

NAME OF TREASURER
Ashley Fullerton
MAILING ADDRESS
711 Third Street

STREET ADDRESS (NO P.O. BOX)
711 Third Street
CITY STATE ZIP CODE AREA CODE/PHONE
Eureka CA 95501 707 444-3874
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE
Eureka, CA 95501 707 444-3874
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-11-16
Date
By *Ashley Fullerton*
Signature of Treasurer or Assistant Treasurer
Executed on 1-11-16
Date
By *[Signature]*
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**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
John Fullerton

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Eureka City Council ward four

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
215 Boyle Dr Eureka CA 95503

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Fullerton for City Council 2016

Statement covers period from 10-29-15 through 12-31-15	CALIFORNIA FORM 460
Page 3 of 5	I.D. NUMBER 1381194

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions.....	Schedule A, Line 3 2,096.00	2,096.00
2. Loans Received.....	Schedule B, Line 3 2,096.00	2,096.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 2,096.00	2,096.00
4. Nonmonetary Contributions.....	Schedule C, Line 3 2,096.00	2,096.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 2,096.00	2,096.00

Expenditures Made

6. Payments Made.....	Schedule E, Line 4 281.47	281.47
7. Loans Made.....	Schedule H, Line 3 281.47	281.47
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 281.47	281.47
9. Accrued Expenses (Unpaid Bills).....	Schedule F, Line 3 281.47	281.47
10. Nonmonetary Adjustment.....	Schedule C, Line 3 281.47	281.47
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 281.47	281.47

Current Cash Statement

12. Beginning Cash Balance.....	Previous Summary Page, Line 16 -	-
13. Cash Receipts.....	Column A, Line 3 above 2,096.00	2,096.00
14. Miscellaneous Increases to Cash.....	Schedule I, Line 4 281.47	281.47
15. Cash Payments.....	Column A, Line 8 above 1,814.53	1,814.53
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 1,814.53	1,814.53

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

20. Contributions Received	1/1 through 6/30	7/1 to Date
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.

Statement covers period
from 10-29-15
through 12-31-15

Page 4 of 5



SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Fullerton for City Council 2016

I.D. NUMBER
1381194

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10-29-15	John Fullerton 215 Boyle Dr Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed John B Fullerton, CPA	500.00	500.00	
10-29-15	Gail Fullerton 215 Boyle Dr Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	500.00	500.00	
12-31-15	Eli Jurkovich 4359 Elk River Rd Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	
12-31-15	Taj Fye 6088 Nelson Lane Eureka, CA 95503	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Technician Lithia Dodge	200.00	200.00	
SUBTOTAL \$				1,700.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 1,700.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 396.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)**TOTAL \$** 2,096.00

*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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Fullerton for City Council 2016

Statement covers period
from 10-29-15 through 12-31-15

CALIFORNIA FORM 460

Page 5 of 5

ID NUMBER 1381194

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 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 costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
Political Data Inc PO Box 59570 Norwalk, CA 90652			Voter list	147.15

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

SUBTOTAL \$ 147.15

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 147.15
2. Unitemized payments made this period of under \$100 \$ 134.32
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 281.47**