

# Recipient Committee Campaign Statement Cover Page

CALIFORNIA **460** FORM

Date Stamp  
**RECEIVED**  
SEP 28 2016  
CITY ADMINISTRATION

Page 1 of 9  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
11/8/2016

Statement covers period  
from 1/1/2016  
through 9/24/2016

SEE INSTRUCTIONS ON REVERSE

### 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 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)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report

### 3. Committee Information

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

I.D. NUMBER  
1390711

#### Treasurer(s)

NAME OF TREASURER  
Tamara McFarland

MAILING ADDRESS  
590 Indianola Road

CITY  
Bayside STATE  
CA ZIP CODE  
95534 AREA CODE/PHONE  
707-633-6340

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

### 4. Verification

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

Executed on 9.27.16 Date  
By Austin Allison Signature of Treasurer or Assistant Treasurer

Executed on 9/27/16 Date  
By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date  
By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Austin Allison  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Eureka City Council, Ward 4  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1602 Hodgson St. 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?  
 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 PROONENT  
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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

CALIFORNIA  
FORM **460**

Statement covers period  
from 1/1/2016  
through 9/24/2016

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Austin Allison for City Council 2016

I.D. NUMBER

1390711

## Contributions Received

|  | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|--|--|--|
| 1. Monetary Contributions..... Schedule A, Line 3    | \$ 3,089.00  | \$ 3,089.00                                |
| 2. Loans Received..... Schedule B, Line 3            | 0.00   | 0.00                                       |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... Add Lines 1 + 2  | \$ 3,089.00  | \$ 3,089.00                                |
| 4. Nonmonetary Contributions..... Schedule C, Line 3 | 64.74  | 64.74                                      |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... Add Lines 3 + 4 | \$ 3,153.74  | \$ 3,153.74                                |

### 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                   | \$ 1,555.50 |
| 7. Loans Made..... Schedule H, Line 3                      | 0.00        |
| 8. SUBTOTAL CASH PAYMENTS..... Add Lines 6 + 7             | \$ 1,555.50 |
| 9. Accrued Expenses (Unpaid Bills)..... Schedule F, Line 3 | 0.00        |
| 10. Nonmonetary Adjustment..... Schedule C, Line 3         | 0.00        |
| 11. TOTAL EXPENDITURES MADE..... Add Lines 8 + 9 + 10      | \$ 1,555.50 |

### 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..... Previous Summary Page, Line 16             | \$ 0.00     |
| 13. Cash Receipts..... Column A, Line 3 above                              | 3,089.00    |
| 14. Miscellaneous Increases to Cash..... Schedule I, Line 4                | 0.00        |
| 15. Cash Payments..... Column A, Line 8 above                              | 1,555.50    |
| 16. ENDING CASH BALANCE..... Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 1,533.50 |

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

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).

## LOAN GUARANTEES RECEIVED

|  |         |
|--|---------|
| 17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 | \$ 0.00 |
|--|---------|

## Cash Equivalents and Outstanding Debts

|  |         |
|--|---------|
| 18. Cash Equivalents..... See instructions on reverse            | \$ 0.00 |
| 19. Outstanding Debts..... Add Line 2 + Line 9 in Column B above | \$ 0.00 |

# Schedule A Monetary Contributions Received

Amounts may be rounded  
to whole dollars.

SCHEDULE A

## CALIFORNIA FORM 460

Statement covers period  
from 1/1/2016  
through 9/24/2016

Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Austin Allison for City Council 2016

I.D. NUMBER

1390711

| 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) |
|--------------------|--|---|--|-----------------------------|---|------------------------------------|
| 8/17/2016          | Allen McCloskey<br>2420 Wood Street<br>Eureka, CA 95501                                      | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Technician,<br>St. Joseph Hospital   | 480.00                      | 480.00  |                                    |
| 8/22/2016          | Tamara McFarland<br>590 Indianola Road<br>Bayside, CA 95524                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Jewelry Artist,<br>McFarland Designs   | 100.00                      | 164.74  |                                    |
| 8/26/2016          | Lesley Ester<br>2482 Russ Street<br>Eureka, CA 95501   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Registered Nurse,<br>St. Joseph Hospital   | 500.00                      | 500.00  |                                    |
| 9/7/2016           | Samuel Silbory<br>1304 H Street<br>Eureka, CA 95501  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Platform Engineer,<br>Hitachi Data Systems   | 100.00                      | 100.00  |                                    |
| 9/9/2016           | Angie Hanchett<br>P.O. Box 696<br>Eureka, CA 95502   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Registered Nurse,<br>St. Joseph Hospital   | 100.00                      | 100.00  |                                    |
| <b>SUBTOTAL \$</b> |  |   |  | <b>1,280.00</b>             |   |                                    |

### Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) .....\$ 2,580.00
- Amount received this period – unitemized monetary contributions of less than \$100 .....\$ 509.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)..... **TOTAL \$** 3,089.00

\*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.

NAME OF FILER

Austin Allison for City Council 2016

I.D. NUMBER  
1390711

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 9/11/2016     | Jane Stock<br>1391 Nigel Ln.<br>Eureka, CA 95501  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | none  | 100.00                      | 100.00   |                                       |
| 9/15/2016     | Will Skaarup<br>4123 Walnut Drive<br>Eureka, CA 95503   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | none  | 100.00                      | 100.00   |                                       |
| 9/15/2016     | Peter Martin<br>1872 Patricks Point Drive<br>Trinidad, CA 95570                                 | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Lawyer,<br>Law Office of Peter E.<br>Martin   | 100.00                      | 100.00   |                                       |
| 9/21/2016     | Bonnie Hamant<br>2917 Pine Street<br>Eureka, CA 95501   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Registered Nurse,<br>St. Joseph Hospital  | 100.00                      | 100.00   |                                       |
| 9/22/2016     | Tom & Barbara Peters<br>221 Dollison<br>Eureka, CA 95501  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00   |                                       |

**SUBTOTAL \$ 500.00**

\*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.

NAME OF FILER  
Austin Allison for City Council 2016  
I.D. NUMBER  
1390711

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)      | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(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) |
|---------------|--|---|---|-----------------------------|---|------------------------------------|
| 9/22/2016     | Humboldt County Democratic Central Comm.<br>5429 Madison Avenue<br>Sacramento, CA 95841 FPPC# 761414 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input checked="" type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 500.00                      | 500.00  |                                    |
| 9/23/2016     | Barbara Truitt<br>P.O. Box 1578<br>Redway, CA 95560  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00  |                                    |
| 9/23/2016     | Peter LaVallee<br>1931 William<br>Eureka, CA 95503   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00  |                                    |
| 9/6/2016      | Veronica Galiani<br>2803B Greenwood Heights Drive<br>Kneeland, CA 95549                              | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Retired   | 100.00                      | 100.00  |                                    |

**SUBTOTAL \$ 800.00**

\*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 1/1/2016

through 9/24/2016

Page 7 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Austin Allison for City Council 2016

1390711

| 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) |
|--------------------|--|---|--|----------------------------------|---------------------------|---|------------------------------------|
| 8/31/2016          | Tamara McFarland<br>590 Indianola Road<br>Bayside, CA 95524                                  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Jewelry Artist,<br>McFarland Designs   | web hosting package              | 64.74                     | 164.74  |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
|                    |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                                  |                           |   |                                    |
| <b>SUBTOTAL \$</b> |  |   |  |                                  | 64.74                     |   |                                    |

Attach additional information on appropriately labeled continuation sheets.

### Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) .....\$ 64.74
- Amount received this period – unitemized nonmonetary contributions of less than \$100 .....\$
- 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 \$** 64.74

\*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<br>from <u>1/1/2016</u>  |                           | CALIFORNIA<br>FORM<br><b>460</b> |
| through <u>9/24/2016</u>   | Page <u>8</u> of <u>9</u> |                                  |
| SEE INSTRUCTIONS ON REVERSE<br>NAME OF FILER<br><br>Austin Allison for City Council 2016 |                           | I.D. NUMBER<br>1390711           |

**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  | MITG | 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<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID     |
|---|------|----|------------------------|-----------------|
| City Clerk, City of Eureka<br>531 K Street<br>Eureka, CA 95501      | FIL  |    | filing fee             | 480.00          |
| Carson Park Designs<br>2607 H Street<br>Eureka, CA 95501            | CMP  |    | logo design            | 150.00          |
| SignRocket.com<br>340 Broadway Ave.<br>St. Paul Park, MN 55071      | CMP  |    | yard signs             | 632.50          |
|   |      |    | <b>SUBTOTAL \$</b>     | <b>1,262.50</b> |

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

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 1,555.50
- Unitemized payments made this period of under \$100..... \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e))..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)..... **TOTAL \$** 1,555.50



Amounts may be rounded to whole dollars.

**Schedule E  
(Continuation Sheet)  
Payments Made**

|  |                            |
|--|----------------------------|
| <b>CALIFORNIA FORM 460</b>                   |                            |
| Statement covers period from <u>1/1/2016</u> | Page <u>9</u> of <u>9</u>  |
| through <u>9/24/2016</u>                     | I.D. NUMBER <u>1390711</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Austin Allison for City Council 2016

**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 t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)       | CODE OR | DESCRIPTION OF PAYMENT                  | AMOUNT PAID   |
|---|---------|---|---------------|
| CA Secretary of State<br>1500 11th Street, Rm 495<br>Sacramento, CA 95814 | FIL     | filing fee (form 410)                   | 50.00         |
| Kathy Srabian<br>2147 A Street<br>Eureka, CA 95501                        | CMP     | reimburse for printing brochures, signs | 243.00        |
|   |         |   |               |
|   |         |   |               |
|   |         |   |               |
| <b>SUBTOTAL \$</b>  |         |   | <b>293.00</b> |

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