

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
FORM

460

Page 1 of 13

For Official Use Only

Statement covers period
from 1/1/2014
through 3/17/2014

Date of election if applicable:
(Month, Day, Year)
June 3, 2014

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HUMBOLDT COUNTY
ELECTIONS

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
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1362714

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

DOLLISON FOR DISTRICT ATTORNEY 2014

STREET ADDRESS (NO P.O. BOX)

2004 HARRIS ST.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>EUREKA</u>	<u>CA</u>	<u>95503</u>	<u>707-442-5105</u>

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

PO BOX 702

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>EUREKA</u>	<u>CA</u>	<u>95502</u>	<u>707-442-5105</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

MARTHA DOLLISON

MAILING ADDRESS

PO BOX 702

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>EUREKA</u>	<u>CA</u>	<u>95502</u>	<u>707-442-5105</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 3/24/14

Date

Executed on 3/24/14

Date

Executed on _____

Date

Executed on _____

Date

By Martha Dollison

Signature of Treasurer or Assistant Treasurer

By Alton J. Dollison

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

COPY

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 13

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

ALLAN LEE DOLLISON

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

HUMBOLDT COUNTY DISTRICT ATTORNEY

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

937 6TH ST. EUREKA, CA 95501

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DOLLISON FOR DA 2014

Statement covers period
from 1/1/2014
through 3/17/2014

CALIFORNIA
FORM **460**

Page **3** of **13**

I.D. NUMBER
1362714

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ 2,489	\$ 2,489
2. Loans Received	Schedule B, Line 3	20,351	20,351
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 22,840	\$ 22,840
4. Nonmonetary Contributions	Schedule C, Line 3	750	\$750
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 23,590	\$ 23,590

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	\$ 10,836	\$ 10,836
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 10,836	\$ 10,836
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	4,854	4,854
10. Nonmonetary Adjustment	Schedule C, Line 3	\$750	\$750
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 16,440	\$ 16,440

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
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 0
13. Cash Receipts	Column A, Line 3 above	22,840
14. Miscellaneous Increases to Cash	Schedule I, Line 4	22,840
15. Cash Payments	Column A, Line 8 above	10,836
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 12,004

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0

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).

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

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>1/1/2014</u> through <u>3/17/2014</u>		CALIFORNIA FORM 460
Page <u>4</u> of <u>13</u>		
NAME OF FILER DOLLISON FOR DA 2014		I.D. NUMBER 1362714

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DOLLISON FOR DA 2014

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)
1/18/2014	Brian Zimmerman 12395 Fickle Hill Rd Arcata, CA 95521	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Wild World Farms	\$300	\$300	
1/18/2014	Vickie Collins 1016 Emerald Ln. Fortuna, CA 95540	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	\$100	\$100	
1/20/2014	Jerry Olive 707 Beythe Ln Vacaville, CA 95687	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Agent Jerry Olive State Farm Insurance Agent	\$250	\$250	
2/7/2014	Boyd Smith PO Box 5169 Arcata, CA 95518	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Eco-Gardening	\$100	\$100	
2/21/2014	Teresa Kosmac, DMD 3111 G St. Eureka, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist Teresa Kosmac, DMD	\$100	\$100	
SUBTOTAL \$				\$850		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 1,650
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 839
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,489

*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

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>1/1/2014</u> through <u>3/17/2014</u>		CALIFORNIA FORM 460 Page <u>5</u> of <u>13</u>
NAME OF FILER DOLLISON FOR DA 2014		
		I.D. NUMBER 1362714

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)
2/1/2014	Paul Marrone 224 S. Bentley Ave. Los Angeles, CA 90049	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Insurance Agent Tony Marrone Insurance Agency	\$100	\$100	
2/21/2014	Trrygvi Larum 3195 Table Bluff Rd. Loleta, CA 95551	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Artist "Sculptor, Tryggvi Thorlief Larum"	\$100	\$100	
3/11/2014	Ekkehard M. Grimm 8109 N. Slope Path Columbia, MD 21045	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Engineer Department of Defense	\$500	\$500	
3/17/2014	John Whitehurst 660 Mission St. San Francisco, CA 94105	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Political Consultant Whitehurst/Mosher Campaigns	\$100	\$100	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
SUBTOTAL \$				\$800		

*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 B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period from <u>1/1/2014</u> through <u>3/17/2014</u>	CALIFORNIA FORM 460
	Page <u>6</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DOLLISON FOR DA 2014

I.D. NUMBER

1362714

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
Allan Dollison 2004 Harris St. Eureka, CA 95503 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self-Employed Attorney-at-Law	\$ 0	\$ 20,351	☒ PAID \$ 0 ☐ FORGIVEN \$	\$ 20,351 12/31/14 DATE DUE	0 % RATE \$	\$	CALENDAR YEAR \$ 20,351 PER ELECTION** \$
Martha Dollison 2004 Harris St. Eureka, CA 95503 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Team Supervisor Staples	\$ 0	\$ 68	☐ PAID \$ 0 ☐ FORGIVEN \$	\$ 68 12/31/14 DATE DUE	0 % RATE \$	\$	CALENDAR YEAR \$ 68 PER ELECTION** \$
 † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	☐ PAID \$ ☐ FORGIVEN \$	\$ DATE DUE	% RATE \$	\$	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$		20,419 \$	0 \$	20,419 \$	0			

Schedule B Summary

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

- Loans received this period \$ 20,419
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ 20,351
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 C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>1/1/2014</u> through <u>3/17/2014</u>		CALIFORNIA FORM 460
		Page <u>7</u> of <u>13</u>
NAME OF FILER DOLLISON FOR DA 2014		I.D. NUMBER 1362714

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DOLLISON FOR DA 2014

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)
1/18/14	Martha Dollison 2004 Harris St. Eureka, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Team Supervisor Staples	Food, Beverages; Banners, Envelopes	\$750	\$750	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 750

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 750

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0

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 \$ 750**

*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

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	1/1/2014		
through	3/17/2014		
		Page	8 of 13
		I.D. NUMBER	
		1362714	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DOLLISON FOR DA 2014

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
Veterans Memorial Hall "Hall Committee" 1018 "H" St. Eureka, CA 95501	MTG		\$50
Humboldt County Elections 3033 "H" St. Eureka, CA 95501	VOT		\$250
Jim Ferguson PO Box 1991 Redway, CA 95560	CNS		\$5,000

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

SUBTOTAL \$ \$5,300

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	10,617
2. Unitemized payments made this period of under \$100	\$	219
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 \$	10,836

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 1/1/2014		
through 3/17/2014		Page <u>9</u> of <u>13</u>
NAME OF FILER		I.D. NUMBER
DOLLISON FOR DA 2014		1362714

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

CMP	campaign paraphernalia/misc.	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
Christian Pennington 4135 "D" St. Eureka, CA 95501	CNS			\$600
Christian Pennington 4135 "D" St. Eureka, CA 95501	CMP			\$862
Christian Pennington 4135 "D" St. Eureka, CA 95501	CMP			\$391

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

SUBTOTAL \$ 1,853

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	1/1/2014	
through	3/17/2014	Page <u>10</u> of <u>13</u>
NAME OF FILER		I.D. NUMBER
DOLLISON FOR DA 2014		1362714

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

CMP	campaign paraphernalia/misc.	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
Secretary of State 1500 11th St. Rm 495 Sacramento, CA 95814	FIL			\$50
Christian Pennington 4135 "D" St. Eureka, CA 95501	CMP			\$375
City of Eureka 531 "K" St. Eureka, CA 95501	MTG			\$28
Humboldt Senior Resource Center 1910 California St. Eureka, CA 95501	PRT			\$689

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

SUBTOTAL \$ \$1,142

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

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	1/1/2014	
through	3/17/2014	Page <u>11</u> of <u>13</u>
NAME OF FILER DOLLISON FOR DA 2014		I.D. NUMBER 1362714

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

CMP	campaign paraphernalia/misc.	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
Advanced Display & Signs 726 2nd St. Eureka, CA 95501	CMP			\$1,056
Advanced Display & Signs 726 2nd St. Eureka, CA 95501	CMP			\$1,026
Staples 800 W. Harris St. Eureka, CA 95501	CMP			\$118
Staples 800 W. Harris St. Eureka, CA 95501	CMP			\$122

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

SUBTOTAL \$ \$2,322

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period from 1/1/2014 through 3/17/2014	CALIFORNIA FORM 460
Page 12 of 13	I.D. NUMBER 1362714

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DOLLISON FOR DA 2014

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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Humboldt County Elections 3033 H St. Eureka, CA 95501	FIL	0	\$1,332	0	\$1,332
KINS Radio 106.3 1101 Marsh Rd Eureka, CA 95501	RAD	0	\$1,071	0	\$1,071
All Points Signs 1871 Brindle Ln Fortuna, CA	PRT	0	\$1,400	0	1,400
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.		SUBTOTALS \$	0 \$	3,903 \$	0 \$
					\$3,903

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 4,854
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** \$4,854
May be a negative number

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>1/1/2014</u> through <u>3/17/2014</u>		CALIFORNIA FORM 460 Page <u>13</u> of <u>13</u>
NAME OF FILER DOLLISON FOR DA 2014		
		I.D. NUMBER 1362714

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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Don's Buttons 3906 W. Morrow Dr. Glendale, AZ 85308	CMP	0	\$166	0	\$166
Christian Pennington 4135 "D" St. Eureka, CA 95501	CMP	0	\$785	0	\$785
SUBTOTALS \$		0 \$	951 \$	0 \$	951