

MAR - 3 2014

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Please type or print in ink.

2014 MAR - 3 PM 2:56

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Fuller Jean(nie) Lynn

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

California State Senate

Division, Board, Department, District, if applicable

District 18

Your Position

Senator

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: _____ Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner *(Statewide Jurisdiction)*
- County of _____
- Other _____

3. Type of Statement *(Check at least one box)*

- Annual:** The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is _____ through December 31, 2013.
- Assuming Office:** Date assumed _____
- Candidates:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ *(Check one)*
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- Schedule A-1 - Investments** - schedule attached
 - Schedule A-2 - Investments** - schedule attached
 - Schedule B - Real Property** - schedule attached
 - Schedule C - Income, Loans, & Business Positions** - schedule attached
 - Schedule D - Income - Gifts** - schedule attached
 - Schedule E - Income - Gifts - Travel Payments** - schedule attached
- or-
- None** - No reportable interests on any schedule

5. (c)(1)

herein and in any attached schedules is true and complete. I acknowledge and certify under penalty of perjury under the laws of the State of California that the information

Date Signed 03/03/2014
(month, day, year)

(c)(1)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Jean(n)le Fuller

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
ATN #425-020-05-00-8

CITY
Lake Isabella

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____ / 13 / _____ / 13
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ 1/2 Interest
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
ATN #425-020-04-00-5

CITY
Lake Isabella

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____ / 13 / _____ / 13
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ 1/2 Interest
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Jean(nie) Fuller

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
201 Aviation St. AP 091-040-2

CITY
Shafter

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / 13 / / 13
DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
ATN #425-020-03-00-2

CITY
Lake Isabella

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / 13 / / 13
DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold 1/2 Interest
 Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

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NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Jean(nie) Fuller

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
APN #3240-002-002

CITY
Shafter

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Parcel #183-0-100-515

CITY
Oxnard

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE B
Interests In Real Property
(Including Rental Income)

Name
Jean(nie) Fuller

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
461 Aviation Street

CITY
Shafter

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 13 / / 13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
463 Aviation Street

CITY
Shafter

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 13 / / 13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 % None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 % None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Jean(n)le Fuller

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
188-0-300-275

CITY
Oxnard

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / 13 / DISPOSED / 13 /

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
01/01 - 11-01 Mr. Boetts
11-02 - present Mr. Miller

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
188 -0-245-085

CITY
Oxnard

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / 13 / DISPOSED 09 / 25 / 13

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Peter Berger

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NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

**SCHEDULE D
Income – Gifts**

Name
Jean(nie) Fuller

▶ NAME OF SOURCE
Chukchansi Economic Development Authority
ADDRESS (Business Address Acceptable)
46575 Road 417, Bldg. C, Coarsegold, CA 93614
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 16 / 13</u>	<u>\$ 6.48</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
California Chamber of Commerce
ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 24 / 13</u>	<u>\$ 19.68</u>	<u>Food & Beverage</u>
<u>05 / 21 / 13</u>	<u>\$ 67.53</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Farmers Group, Inc.
ADDRESS (Business Address Acceptable)
1201 K Street, Suite 950, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 06 / 13</u>	<u>\$ 1.97</u>	<u>Reception</u>
<u>04 / 09 / 13</u>	<u>\$ 63.95</u>	<u>Reception-food & drink</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
California Tribal Business Alliance
ADDRESS (Business Address Acceptable)
1530 J Street, Ste. 410, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 16 / 13</u>	<u>\$ 25.25</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
National Federation of Independent Business
ADDRESS (Business Address Acceptable)
921 11th Street, Ste. 400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 30 / 13</u>	<u>\$ 44.50</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Personal Insurance Federation of California
ADDRESS (Business Address Acceptable)
1201 K Street, Suite 950, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 06 / 13</u>	<u>\$ 1.97</u>	<u>Reception</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Jean(nie) Fuller

▶ **NAME OF SOURCE (Not an Acronym)**
 James L. Melikian

ADDRESS (Business Address Acceptable)
 21 Surrey Lane, Palos Verdes, CA 90275

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Wholesale Food Products

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 01 / 13	\$ 25.00	Popcom
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 International Paper

ADDRESS (Business Address Acceptable)
 1121 L Street, Suite 404, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Paper Products

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 12 / 13	\$ 8.60	Misc promotional items
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Senator Ricardo Lara

ADDRESS (Business Address Acceptable)
 State Capitol, room 5050 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 13	\$ 34.00	Jacket *
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Morongo Band of Mission Indians

ADDRESS (Business Address Acceptable)
 12700 Pumarra Road, Banning, CA 92200

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 13	\$ 227.61	Dinner
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 California Nevada Soft Drink Association

ADDRESS (Business Address Acceptable)
 1 Capitol Mall, Suite 320, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Soft Drinks

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 11 / 13	\$ 1.50	Soda
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Citrus Pest & Disease Prevention Program

ADDRESS (Business Address Acceptable)
 1220 N Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 13	\$ 5.00	Mandarins
/ /	\$	
/ /	\$	

Comments: *A welcome gift from Senator Lara in conjunction with the Senate Education Policy Conference

SCHEDULE D
Income – Gifts

Name
 Jean(nie) Fuller

▶ NAME OF SOURCE (Not an Acronym)
 California New Car Dealers Association

ADDRESS (Business Address Acceptable)
 1415 L Street, Suite 700, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 13	\$ 70.98	Food & Beverage
03 / 13 / 13	\$ 21.19	Comedy Entertainment
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Poultry Association

ADDRESS (Business Address Acceptable)
 4640 Spyles Way, Suite 4, Modesto, CA 95356

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 13	\$ 242.30	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Citrus Mutual Association

ADDRESS (Business Address Acceptable)
 512 N. Kaweah Avenue, Exeter, CA 93221-1200

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 13	\$ 17.30	Oranges
04 / 10 / 13	\$ 58.58	Dinner
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Association of California Water Agencies

ADDRESS (Business Address Acceptable)
 910 K Street, Suite 100, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 15 / 13	\$ 15.00	Lunch
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 CA Construction & Industrial Materials Association

ADDRESS (Business Address Acceptable)
 1029 J Street, Suite 420, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 03 / 13	\$ 28.87	Reception
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Rio Tinto Minerals

ADDRESS (Business Address Acceptable)
 14486 Borax Rd., Boron, CA 93516

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Industrial Mineral Supply

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 08 / 13	\$ 126.35	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Jean(nie) Fuller

▶ NAME OF SOURCE (Not an Acronym)
 California Rice Commission

ADDRESS (Business Address Acceptable)
 1231 I Street, Suite 205, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 18 / 13	\$ 27.37	Box of Rice
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Grifols, Inc.

ADDRESS (Business Address Acceptable)
 1775 Pennsylvania Ave NW #375 Washington, DC *

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Global Healthcare Solutions

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 19 / 13	\$ 75.80	Food & Beverage
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 California Automatic Vendor's Council

ADDRESS (Business Address Acceptable)
 80 South Lake Ave. Suite 538, Pasadena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 13	\$ 20.00	Snacks
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 DMB Pacific Ventures (Tejon Mountain Village LLC)

ADDRESS (Business Address Acceptable)
 801 Montgomery Street, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 22 / 13	\$ 166.23	Tejon Ride Event
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 California Grape & Tree Fruit League

ADDRESS (Business Address Acceptable)
 978 W. Alluvial, Suite 107, Fresno, CA 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 14 / 13	\$ 15.00	Box of Fruit
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 California Fisheries & Seafood Institute

ADDRESS (Business Address Acceptable)
 1015 K Street, Suite 200, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 11 / 13	\$ 180.00	Smoked Salmon
/ /	\$	
/ /	\$	

Comments: *zip code, 20006

**SCHEDULE D
Income – Gifts**

Name
Jean(nie) Fuller

▶ NAME OF SOURCE *(Not an Acronym)*
California State Protocol Foundation

ADDRESS *(Business Address Acceptable)*
11355W. Olympic Blvd. Los Angeles CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 06 / 13</u>	<u>\$ 80.50</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Women in California Leadership

ADDRESS *(Business Address Acceptable)*
400 Capitol Mall, 22nd Floor Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 21 / 13</u>	<u>\$ 70.52</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Plains Exploration & Production Company

ADDRESS *(Business Address Acceptable)*
5640 S. Fairfax Ave., Los Angeles, CA 90056

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Natural Resources

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 19 / 13</u>	<u>\$ 24.95</u>	<u>Gift Basket</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Jean(nie) Fuller

▶ NAME OF SOURCE (Not an Acronym)
Chuck Haddad

ADDRESS (Business Address Acceptable)
3812 Braeburn Drive Bakersfield Ca 93306

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Auto Sales

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 25 / 13</u>	<u>\$ 30.00</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Barry Bedwell

ADDRESS (Business Address Acceptable)
978 W. Alluvial Ave. Fresno 93711

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Agriculture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 17 / 13</u>	<u>\$ 23.33</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Area Energy

ADDRESS (Business Address Acceptable)
10000 Ming Ave. Bakersfield 93311

BUSINESS ACTIVITY, IF ANY, OF SOURCE
energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 18 / 13</u>	<u>\$ 20.00</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Harvey Hall

ADDRESS (Business Address Acceptable)
1001 21st Street Bakersfield 93301

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 10 / 13</u>	<u>\$ 40.00</u>	<u>Plant</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Jaco Oil

ADDRESS (Business Address Acceptable)
3101 State Road Bakersfield 93308

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 13</u>	<u>\$ 15.00</u>	<u>candy</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Tom & Irene Edmonds

ADDRESS (Business Address Acceptable)
10003 Huntington Downs Ave Bakersfield

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retired

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 16 / 13</u>	<u>\$ 20.00</u>	<u>Candy</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Jean(nie) Fuller

▶ **NAME OF SOURCE (Not an Acronym)**
 Associated Builders & Contractors of Central CA

ADDRESS (Business Address Acceptable)
 19466 Flightpath Way Bakersfield 93308

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Contractors Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 13	\$ 35.00	Dinner
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Tehachapi Chamber of Commerce

ADDRESS (Business Address Acceptable)
 209 E Tehachapi Blvd. Tehachapi CA 93561

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 13	\$ 15.00	Lunch
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Tulare Hospital

ADDRESS (Business Address Acceptable)
 1425 Prosperity Ave. Tulare CA 93274

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 18 / 13	\$ 20.00	Lunch
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 American Council Of Engineering Companies

ADDRESS (Business Address Acceptable)
 PO Box 176 Bakersfield 93302

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 engineering

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 16 / 13	\$ 22.50	Dinner
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Catalina Solar/EDF Renewable

ADDRESS (Business Address Acceptable)
 15445 Innovation Drive San Diego 92128

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Energy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 13	\$ 24.10	Lunch
/ /	\$ 12.49	paper weight
/ /	\$	

▶ **NAME OF SOURCE (Not an Acronym)**
 Tulare County Bar Association

ADDRESS (Business Address Acceptable)
 703 W. Center Ave. Visalia 93291

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 law

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 17 / 13	\$ 25.00	Lunch
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Jean(nie) Fuller

▶ NAME OF SOURCE (Not an Acronym)
Caterpillar

ADDRESS (Business Address Acceptable)
 600 S. 2nd Street #101 Springfield, IL 62704

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Manufacturing

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 13	\$ 20.00	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Tehachapi Chamber of Commerce

ADDRESS (Business Address Acceptable)
 209 E Tehachapi Blvd. Tehachapi CA 93561

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 26 / 13	\$ 50.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California State University, Bakersfield

ADDRESS (Business Address Acceptable)
 9001 Stockdale Highway Bakersfield CA 93312

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 17 / 13	\$ 30.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
League of Ca Cities - South San Joaquin Valley

ADDRESS (Business Address Acceptable)
 411 E. Kern Avenue Tulare 93274

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 18 / 13	\$ 25.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Independent Oil Producers Agency

ADDRESS (Business Address Acceptable)
 4520 California Ave. Bakersfield 93309

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 26 / 13	\$ 40.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Kevin & Liz Maddy

ADDRESS (Business Address Acceptable)
 PO box 607 Bishop CA 93515

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Small Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 01 / 13	\$ 100.00	Concert Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Jean(nie) Fuller

▶ NAME OF SOURCE (Not an Acronym)
 Santa Ynez Band of Chumash Indians

ADDRESS (Business Address Acceptable)
 PO Box 517 Santa Ynez CA 93460

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 13	\$ 100.00	Gift Basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Arzale Hale

ADDRESS (Business Address Acceptable)
 13200 Main Street Trona 93562

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 minerals

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 16 / 13	\$ 60.00	gift basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 California Nevada Indian Gaming Association

ADDRESS (Business Address Acceptable)
 2150 River Plaza Drive Ste. 120 Sacramento 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 06 / 13	\$ 200.00	registration
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Jean(nie) Fuller

- Mark either the gift or Income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 California Foundation on the Environment & Economy
 ADDRESS (Business Address Acceptable)
 Pier 35, Suite 202
 CITY AND STATE
 San Francisco, CA 94133
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 04 / 25 / 13 - 04 / 26 / 13 AMT: \$ 528.89
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
 California Foundation on the Environment & Economy
 ADDRESS (Business Address Acceptable)
 Pier 35, Suite 202
 CITY AND STATE
 San Francisco, CA 94133
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 10 / 29 / 13 - 10 / 30 / 13 AMT: \$ 502.35
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
 California Independent Petroleum Association
 ADDRESS (Business Address Acceptable)
 1001 K Street, 6th Floor
 CITY AND STATE
 Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 11 / 14 / 13 - 11 / 15 / 13 AMT: \$ 724.05
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

Comments: _____