



Candidate & Elected Official Campaign Finance Report

FILED FEB 0 8 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

SUMMARY FORM 1

Please Print in Ink or Type.		Time of Deport /shock	one)
Name of Candidate or Elected Official Poli	tical Party/Ballot Affiliation	Type of Report (check	Amended Monthly
Lewis H. Fuller R	efublican	Weekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	atist o	For Monthly Reports	
Address Check box if reporting new address	STASCT X	Month in which the	
		report is filed. For Weekly Reports	
801 Bellevue DR, City State ZIP Code Tele	ephone Number	Date of Friday in the	Feb 5,2016
	6-478-1424	week in which the report is filed.	TEO 5/2010
0.000000		Total Number of Pages in Report	5
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous	filing)	1	1284,11
Cash Contributions		1	400
2a Itemized cash contributions (total from Form 2)	2a	8	
2b Non-itemized cash contributions	2b	8	
2c Total cash contributions (add lines 2a and 2b)		2c	0
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a	P	
3b Non-itemized in-kind contributions	3b	D	
3c Total in-kind contributions (add lines 3a and 3b)	3c	8	
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from I	Form 4) 4a	A	
4b Non-itemized Receipts from Other Sources	4b	0	
4c Total receipts from other sources (add lines 4a an	d 4b)	4c	0
Expenditures			
5a Itemized expenditures (total from Form 5)	5a d.	023.20	
5b Non-itemized expenditures	5b	A	
5c Total expenditures (add lines 5a and 5b)		5c	2023.70
6 Ending balance (add lines 1, 2c, & 4c, then subtract	line 5c)	6	(139.59)
Candidates for State Office: File this report with the Office	of the Secretary of Sta	ate.	
Candidates for County or Municipal Office: File this repo	rt with the Judge of Pro	bate of the county in w	hich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby	·	scribed before me this	day of
swear or affirm to the best of my knowledge and belief that the	e Aller, of	the year	. My commission expires
attached report(s) and the information contained herein are true and correct and that this information is a full and complete	e the da	y of Marchoft	year <u>2015</u>
statement of all/contributions, expenditures, and other required		D . L	mchi
information during the applicable period of time.		Kew 1d.	11 Jones
Signature of Candidate or Elected Official Date	Signature of Netary P	Public	McC-
Signature of Candidate of Elected Official	Λ	ieri D.	UNIVINALS

Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official

(199	
1 1220	
	7

Lewis H. Fuller NAME OF CANDIDATE OR ELECTED OFFICIAL: _ When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE **OF CONTRIBUTION** (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE **AMOUNT** (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) CONTRIBUTION OF Business or Corporation Individual STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION Other (mo./day/yr.) PAC TOTAL CASH CONTRIBUTIONS THIS PAGE **FORM REVISED 10.27,2011**

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official

FORM REVISED 10.27.2011



Lewis H. Fuller NAME OF CANDIDATE OR ELECTED OFFICIAL: When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) **AMOUNT** DATE **ADDRESS** CONTRIBUTOR Administrative Transportation CONTRIBUTION OF (ADDRESS SHOULD INCLUDE Business/ Corporation (INCLUDE FULL NAME) Advertising CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED (mo./day/yr.) Food Rent TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from Other Sources loans, interest, and other sources of income

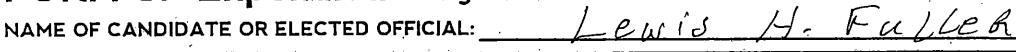


NAME OF CANDIDATE OR ELECTED OFFICIAL: Lewis H. Fuller

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) **ADDRESS** DATE **AMOUNT** SOURCE OF RECEIPT (ADDRESS SHOULD INCLUDE **RECEIVED** OF (INCLUDE FULL NAME) GUARANTORS STREET OR P.O. BOX, Lending Institution PAC Individual Business (mo./day/yr.) **RECEIPT** [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Other Loan PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] TOTAL RECEIPTS THIS PAGE FORM REVISED 10.27.2011

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official





When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. **PURPOSE OF EXPENDITURE** (CHECK ONE) AMOUNT DATE OF **ADDRESS** PERSON/GROUP/BUSINESS **Fransportation** OTHER (ADDRESS SHOULD INCLUDE **EXPENDITURE** OF RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) **EXPENDITURE** GIVE (INCLUDE FULL NAME) **BRIEF EXPLANATION** 401 LOCUST St 2-2-16 4/1.60 The Godsden Times GADSden, AL 35901 Jud Associates 2609 RAINDOW DR. RAIN bow City AR 35906 2,023.70 TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011