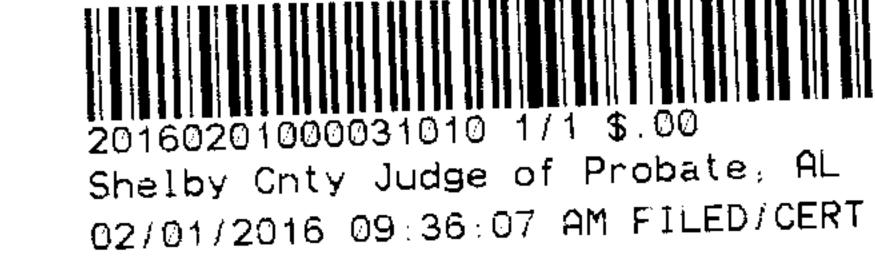
ANNOAL

Signature of Candidate or Elected Official

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA



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James W. Fuhrmeister Judge of Propage

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

Please Print in Ink or Type. Calendar Year Name of Candidate or Elected Official Political Party/Ballot Affiliation covered by this report. 2015 Office Sought or Held (include district or circuit number, if applicable) Amended Annual Report Termination Report Address Check box if reporting new address Total Pages in Report Include this page in ZIP Code Telephone Number your count. SECTION I - Summary of activity from last filed report through December 31 of reporting year Beginning balance (ending balance from previous filing) Cash Contributions 2a | Itemized cash contributions (total from Form 2) 2a 2b | Non-itemized cash contributions 2b 2c Total cash contributions (add lines 2a and 2b) In-Kind Contributions 3a Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions Total in-kind contributions (add lines 3a and 3b) Receipts from Other Sources Total itemized receipts from other sources (total from Form 4) 4a Total non-itemized receipts from other sources 4b Total itemized receipts from other sources (add lines 4a and 4b) **Expenditures** Itemized expenditures (total from Form 5) 5a Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) SECTION II - Summary of activity for entire reporting year - January 1st through December 31st Beginning balance (as of January 1 of reporting year) Total cash contributions for year Total in-kind contributions for year Total receipts from other sources for year Total expenditures for year Ending balance (add lines 7, 8, & 10, then subtract line 11) Total campaign debt (total debt owed as of December 31) 13 de volume avoline As required by the Alabama Fair Campaign Practices Act, I hereby swear or Sworn to and subscribed before me this affirm to the best of my knowledge and belief that the attached report(s) and My commission expires the the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Notary Public

Print Notary's Name