

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST MI <u>FLOYD J. FULLER</u> NICKNAME LAST SUFFIX	<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY RECEIVED JUL 15 2014 CITY MANAGER'S OFFICE </div> Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2529 DANNY LANE</u> <u>FARMERS BRANCH, TX 75234</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(972) 743-2721</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST MI <u>Jim BARRATI</u> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3411 GATWICK</u> <u>FARMERS BRANCH, TX 75234</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(972) 484-9626</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>1 / 16 / 2014</u> <u>7 / 15 / 2014</u>		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
GOTO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

FLOYD J FULLER

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

13,150

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

941.92

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

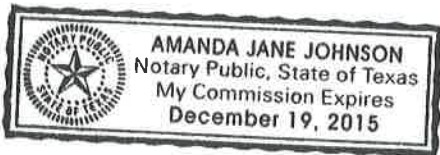
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

1521.92

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Floyd J. Fuller*, this the *15th* day of *July*, 20 *14*, to certify which, witness my hand and seal of office.

Amanda Johnson

Signature of officer administering oath

Amanda Johnson

Printed name of officer administering oath

Admin Asst / Notary

Title of officer administering oath

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME FLOYD JEFFERY FULLER	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 7-8-2014	Payee name FED EX - OFFICE	
Amount (\$) 11.55	Payee address; City; State; Zip Code 841 MACARTHUR PARK - IRVING TX 75063	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name Office sought Office held office Expense COPIES	
Date 6-11-2014	Payee name FED-EX - OFFICE	
Amount (\$) 48.00	Payee address; City; State; Zip Code 13940 77. STEMMURS DALLAS, TX 75234	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name Office sought Office held office Supplies Copy Paper	
Date 6-7-2014	Payee name OFFICE DEPOT	
Amount (\$) 21.64	Payee address; City; State; Zip Code 2909 FOREST LANE - DALLAS, TX 75234	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Candidate / Officeholder name Office sought Office held office Supplies envelopes	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME <i>FLOYD JEFFERY FULLER</i>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <i>4-14-2014</i>	5 Payee name <i>FRANK SMOR</i>	
6 Amount (\$) <i>720.00</i>	7 Payee address; City; State; Zip Code <i>1620 EAST Beltline ROAD CARROLLTON, TEXAS 75006</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <i>Legal Services</i>	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2-28-2014</i>	Payee name <i>Flet Place</i>	
Amount (\$) <i>140.73</i>	Payee address; City; State; Zip Code <i>1626 VICEROY DRIVE DALLAS, TX 75247</i>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <i>Printing Expense</i>	Description (If travel outside of Texas, complete Schedule T) <i>Donation CARDS</i>
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME FLOYD JEFFERY FULLER		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/28/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JUDY CROZIER	7 Amount of contribution (\$) 2500. ⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 517 Beacon Hill Coppell, TX		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LOUIS CORNA	Amount of contribution (\$) 2500. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2919 TRAIL LAKE GRAPEVINE, TEXAS 76051		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions)	
Date 5/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cecilia HRYNALIO	Amount of contribution (\$) 2500. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1590 TRUON DR FRISCO, TX 75034		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Crouch	Amount of contribution (\$) 2500. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2313 Penrose Ave. mesquite, TX 75150		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/29/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven Shelley	Amount of contribution (\$) 2500. ⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1580 Mira Lago Apt 176 Farmers Branch, TX 75234		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/10/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRIAN FULKER 6 Contributor address; City; State; Zip Code 14180 Rawhide DR FARMERS BRANCH, TX 75234	7 Amount of contribution (\$) 100 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Investment Analyst		10 Employer (See Instructions)	
Date 6/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MELISSA CLARK Contributor address; City; State; Zip Code 12505 MEADOW LANDING FRISCO, TX 75034	Amount of contribution (\$) 50 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions)	
Date 5/1/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LUCY BILLINGSLEY Contributor address; City; State; Zip Code DALLAS, TEXAS	Amount of contribution (\$) 500 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.