



Bank of America  
Customer Service & Support  
P.O. Box 25118  
Tampa, FL 33622

February 25, 2015

ELIZABETH M FULLER  
1236 SUNSET DR  
CHARLESTON SC 29407-7753

Re: South Carolina Senate

To ELIZABETH M FULLER

Thank you for your recent request for information regarding the status of your deposit accounts at Bank of America, N.A. Our records indicate the following status on your account(s):

<u>TYPE OF ACCOUNT</u>	<u>ACCOUNT NUMBER</u>	<u>CURRENT BALANCE</u>	<u>AVERAGE BALANCE</u>	<u>DATE OPENED</u>
CHECKING	XXXXXX 8480	\$850.83	\$1,121.00	08/05/2003

Average balance information for accounts, if reported, is based on the previous three months. Average balance information is not available for time deposit accounts.

We trust that this confidential information will be of assistance to you.

Sincerely,

Bank of America  
Customer Service & Support  
1.800.862.1111 - Model Ref: GP548564

Our response is commensurate with the purpose and amount of your inquiry. The information provided is strictly confidential and intended for use solely by the requesting party and in reliance on your statement of intended purpose or use. The information is furnished as a matter of courtesy without a duty to do so and without responsibility, liability or warranty, express or implied, on the part of Bank of America to you or any third party. Information is obtained from electronic data sources, which may not contain all information in Bank of America's possession. Information is not guaranteed to be accurate and may be a matter of opinion. We do not accept any responsibility for errors, omissions or alterations after delivery. The information is constantly changing and therefore subject to change without notice. Bank of America will not update this response unless another written inquiry is received. This information applies to the name of the subject of the inquiry as styled in your request and does not include any indirect or related accounts or obligations, unless expressly specified in our response. Bank of America encourages you to contact more than one credit reference prior to making any credit decision. If you received this response by FAX, and you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of the information contained in this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the message to us by mail.

*President, Board of Directors*  
**Shaun Walsh**

*Board of Directors*  
**Dr. Mark Schecker**

*Board of Directors*  
**Lynn Welden**

*Board of Directors*  
**Faith Gildea**

*Board of Directors*  
**Steve Brakefield**



February 26, 2015

South Carolina Senate  
State House  
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate,

My name is Shaun Walsh and I am a Financial Advisor with Edward Jones and the President/Race Director of the Myrtle Beach Marathon. It gives me great pleasure to recommend Elizabeth (Lucy) Fuller for a position on the South Carolina Board of Veterinary Medical Examiners.

I have known Lucy since 2003 in the capacity of her Financial Advisor and family friend. In that time, I have witnessed Lucy to be a goal orientated, driven individual coupled with a compassionate, caring and common sense approach.

Lucy's curriculum vita illustrates the wonders of her achievements, but her commitment goes well beyond the print. The many lives touched through her work in the Charleston area is truly remarkable.

I believe Lucy would be an invaluable addition to the Board, adding her specific skills, knowledge along with her insight and gifts that surpass her years.

Dr. Lucy Fuller is a candidate I strongly nominate.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shaun", written in dark ink.

Shaun Walsh  
President/Race Director  
Myrtle Beach Marathon

---

PO BOX 8780  
MYRTLE BEACH, SC 29588  
843-293-RACE



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Andrea Nicastro, DVM, Dipl. ACVIM  
Holly Mirms, DVM, Dipl. ACVIM  
Kathy Sennello, DVM, MS, Dipl. ACVIM  
Beth Johnson, DVM, Dipl. ACVIM

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Judi Bumgardner, DVM  
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Mikell Adair, DVM  
Christopher Powers, DVM  
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985 Johnnie Dodds Blvd.  
Mt. Pleasant, SC 29464  
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N. Charleston, SC 29418

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(P) 843-744-3372  
(F) 843-747-7920

February 24, 2015

South Carolina Senate

State House

Columbia, SC

Dear Ladies and Gentlemen of the Senate,

This letter is written as a reference for Dr. Lucy Fuller as she has been nominated by the Governor for the at-large position on the State Board of Veterinary Medical Examiners. Having known and worked with Dr. Fuller for the past 7 years I feel she is qualified and would serve the state and veterinary medicine well in this role.

I have known and worked with Dr. Fuller since she graduated from the University of Georgia College of Veterinary Medicine in 2008. At that time she took a job at the Charleston Animal Society where she has worked for the past 7 years. Serving on the board of directors for the past 6 years has allowed me to work closely with her. During her tenure at the Charleston Animal Society she has been vital in allowing us to go from euthanizing an appalling 60-70% of the animals we took in to now euthanizing NO adoptable animal. This would not have been accomplished without her help. Not only is she a capable Director of Public Health and the Spay/Neuter initiative but she is a compassionate and knowledgeable veterinarian as well.

Her experience, knowledge, and compassion make Dr. Lucy Fuller an excellent addition to the State Board of Veterinary Medical Examiners. As a veterinarian who has practiced in South Carolina for the past 20 years I would be proud to have someone like Dr. Fuller represent me on our State Board.

Sincerely,

Perry H. Jameson, DVM, Dip. ACVIM

February 27, 2015

Honorable Members of the Senate:

I am pleased to recommend Elizabeth (Lucy) Fuller as a member of the Board of Veterinary Medical Examiners. I believe her to be a competent, professional, and compassionate individual who would add great value to the Board.

I have known Lucy through her position with Charleston Animal Society since 2009. During that time, her organization has worked closely with the City of North Charleston to promote animal welfare and support North Charleston citizens in caring for their pets.

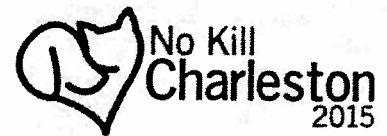
Through the years, I have always found Lucy to be a passionate, dedicated person. She has repeatedly shown herself to be committed to the well-being of both animals and people, through both words and actions.

Please accept this letter as my sincere endorsement of Lucy as a candidate for the Board of Veterinary Medical Examiners.

Sincerely,



R. Keith Summey  
Mayor



#### Governance

Elizabeth Bradham, President  
Julie Bresnan, Vice President  
Ann Long Merck, Vice President  
Matt Watson, CPA, Vice President  
Hilton Smith, III, Treasurer  
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Pearl Sutton  
Sr. Director, Animal Services

Dr. Lucy Fuller  
Director of Public Health  
& Spay/Neuter Initiatives

Dr. Sarah Boyd  
Director of Shelter  
Health & Wellness

Dr. Margaret Morris  
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De Daltorio  
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Kay Hyman  
Director of Community Engagement

Caroline Eller  
Director of Development

Barbara Bryant  
Director of Animal Services

Steve LeGrand-O'Brien  
Dir., Volunteers & Emergency Services

Adwin Roman  
Director, Anti-Cruelty & Outreach

Courtney Gumienny  
Manager, Adoptions

February 27, 2015

South Carolina Senate  
State House  
Columbia, South Carolina

Dear Ladies and Gentlemen of the Senate:

It gives me great honor to recommend Elizabeth Fuller, DVM to the South Carolina Board of Veterinary Medical Examiners. Dr. Fuller is the Senior Director of Public Health and Spay/Neuter Initiatives for Charleston Animal Society. In addition, she is a co-owner with her husband, Dr. Ben Fuller, of a private practice veterinary clinic in Mt. Pleasant, SC.

I have known Dr. Fuller since 2008 and have seen her grow into one of the finest veterinarians I have ever worked with. Dr. Fuller is South Carolina's most experienced and credentialed veterinarian in the following areas –

- Animal Cruelty
- Spay/Neuter
- Animal Sheltering Health & Wellness

Dr. Fuller is currently overseeing the process for Charleston Animal Society to earn accreditation with the American Animal Hospital Association (AAHA), a milestone that only a few animal shelters across the nation and only a few veterinary clinics across South Carolina have reached.

Under Dr. Fuller's leadership, Charleston Animal Society led Charleston County to become the first No Kill Community in the Southeast. She has also played an integral role in Charleston Animal Society being the most honored charity in South Carolina for the past three years. In addition, she is asked to speak at multiple professional conferences and provides guidance to a number of veterinarians working in animal sheltering environments. She has helped make Charleston Animal Society a national model for success.

Dr. Fuller is an active member of the American Veterinary Medical Association, the Association of Shelter Veterinarians, the South Carolina Association of Veterinarians and the Trident Veterinary Medical Association.

In summary, Dr. Fuller is an excellent choice to provide insight regarding veterinary care in animal sheltering environments as well as private practice.

Sincerely,

Joe Elmore, CAWA, CFRE  
Chief Executive Officer



2455 Remount Rd., N. Charleston, SC 29406 • [jelmore@charlestonanimalsociety.org](mailto:jelmore@charlestonanimalsociety.org) • Ph: 843.701.2444

SENATE CONFIRMATION  
CONFIDENTIAL PERSONAL DATA QUESTIONNAIRE

NOTICE: The information requested herein is needed to assist the Senate in its screening of candidates. This document is made available to and used by the appropriate Committee of jurisdiction and is not made public. Since this questionnaire is the initial step in the appointment and confirmation process, it should be returned to the Governor's Office as soon as possible. Please use additional sheets as necessary to complete this document.

Office or Seat to which you are being appointed: Board of Veterinary Medical Examiners

1. NAME: Mr.  
Ms. Elizabeth M. Fuller

HOME ADDRESS: 1236 Sunset Drive  
Charleston, SC 29407

BUSINESS ADDRESS: 2455 Remount Rd  
North Charleston, SC 29406 Charleston Animal Society

TELEPHONE NUMBER: (home): 843 9021737  
(office): 843 3291549

RESIDE IN SENATE DISTRICT#: 41 CONGRESSIONAL DISTRICT#: 1

2. Date and Place of Birth: Conway, SC Social Security #: 248719778

3. Are you a citizen of South Carolina? Have you been a resident of this state for at least the immediate past 5 years? Yes, yrs

4. SCDL# or SCHD#: 007990466 Voter Registration Number: 4 883 654

5. Family Status: Are you  
single ( );  
married (x);  
widowed ( ); or  
divorced ( )?

(a) If married, state the date of your marriage and your spouse's full name.

7-17-2010, Benjamin G. Fuller

(b) If you have ever been divorced, state the date, name of the moving party, court, and grounds.

N/A

- (c) State the names of your children and their ages. If your children are old enough to work, include the occupation of each child.

Grace E. Fuller, 9 months

6. Have you ever served in the military? If so, give the dates, branch of service, highest rank attained, serial number, present status, and the character of your discharge or release.

NO

7. List each college and graduate or professional school you attended, including the dates of your attendance, the degrees you received, and if you left an institution without receiving a degree, the reason for your departure.

Clemson University 2001-2005, B.S.  
University of Georgia College of Veterinary Medicine  
2004-2008, D.V.M.

8. List the states in which you have been licensed and/or admitted to a professional practice and the year of each license and/or admission. Also, list any states in which you took a professional license exam, but were never admitted to the practice. If you took an exam more than once in any of the states listed please indicate the number of times you took the exam in each state.

2008, SC

9. List the significant activities in which you took part during your attendance at college, graduate, and/or professional school. Give the dates you were involved in these activities and list any leadership positions you held.

Sigma Alpha Professional Sorority 2002-2004  
Omega Tau Sigma Professional Fraternity, 2005-2008 (House Manager)

10. Briefly describe any continuing education during the past five years.

North American Veterinary Conference 2013, 2015

Indent Veterinary Medical Association sponsored CE dinners,  
Various, 2008-2014

Maddie's Shelter Medicine Conference, 2013  
Maddie's Shelter Medicine Forensics Conference, 2014



11. List all published books and articles you have written and give citations and dates of publication for each.

N/A

12. If an attorney, list all courts in which you have been admitted to practice and list the dates of your admission. Give the same information for administrative bodies which require a special admission to practice.

N/A

13. Have you ever held public office? If so, list the periods of your service, the office or offices involved, and whether you were elected or appointed.

NO

14. Have you ever been an unsuccessful candidate for elective, judicial, or other public office? If so, give details, including dates.

NO

15. Since completing your education, list any occupation, business, or profession in which you have been engaged other than holding public office. Give details, including a description of your occupation, business, or profession, the dates of your employment, and the name of your business or employer.

NONE

16. Are you now an officer or director or involved in the management of any business enterprise? Explain the nature of the business, your duties, and the term of your service.

I am married to the owner of a private veterinary practice, Cats Only Animal Hospital in Mt. Pleasant, SC

PDQ Page 3

I assist with the management of that practice in my time away from my regular job



17. Provide a complete, current financial net worth statement that itemizes in detail:
- a) the identity and value of all financial assets held, directly or indirectly, including, but not limited to, bank accounts, real estate, trusts, investments, and other financial holdings

*See attached*

- b) the identity and amount of each liability owed, directly or indirectly, which is in excess of \$1,000, including, but not limited to, debts, mortgages, loans, and other financial obligations.

*See attached*

A sample net worth statement is provided with this questionnaire for your convenience. You may use any other comparable form if it was prepared within the past six months.

18. Describe any financial arrangements or business relationships which you have, or have had in the past, that could constitute or result in a possible conflict of interest in the position you seek. Explain how you would resolve any potential conflict of interest.

NONE KNOWN

19. Have you ever been arrested, charged, or held by federal, state, or other law enforcement authorities for violation or for suspicion of violation of any federal law or regulation, state law or regulation or county or municipal law, regulation or ordinance? If so give details but do not include traffic violations for which a fine of \$125 or less was imposed.

NO

20. Have federal, state, or local authorities ever instituted a tax lien or other collection procedure against you? Have you ever defaulted on a student loan? Have you ever filed for bankruptcy? If so, give details.

NO

21. Have you ever been sued, personally or professionally? If so, give details.

NO

22. Have you ever been disciplined or sited for unprofessional conduct or a breach of ethics by any court, administrative agency, bar association, disciplinary committee, or other professional group? Have you ever been the subject of a formal complaint, or is there a complaint pending against you before such a group? If so, give the details and describe any final disposition.

NO

23. Are you now or have you ever been employed as a "lobbyist," as defined by S.C. Code §2-17-10(14)? If so, give the dates of your employment or activity in such capacity and specify by whom you were directed or employed.

NO

24. Since being notified of your possible appointment, have you accepted lodging, transportation, entertainment, food, meals, beverages, money, or any other thing of value as defined by S.C. Code §2-17-10(1) from a lobbyist or lobbyist's principal? If so, please specify the item or items you received, the date of receipt, and the lobbyist or lobbyist's principal involved.

NO

25. Itemize (by amount, type, and date) all expenditures, other than those for travel and room and board, made by you, or on your behalf, in furtherance of your candidacy for the position you seek.

NONE

26. List the amount and recipient of all contributions made by you or on your behalf to the appointing authority or members of the General Assembly within six months of the filing of this questionnaire.

NONE

27. Have you directly or indirectly requested the pledge of any member of the General Assembly as to your confirmation for the position for which you are being appointed?

NO

28. Have you requested a friend or colleague to contact members of the General Assembly on your behalf? If so, give details.

NO

29. Have you or has anyone on your behalf solicited or collected funds to aid in the promotion of your candidacy? If so, please specify the amount, solicitor, donor, and date of the solicitation.

NO

30. List all professional organizations of which you are a member and give the titles and dates of any offices you have held in such groups.

SCAV (South Carolina Assoc. of Veterinarians)  
ASV (Assoc. of Shelter Veterinarians)  
AVMA (American Veterinary Medical Assoc.)

31. List all civic, charitable, educational, social, and fraternal organizations of which you are or have been a member during the past five years and include any offices held in such a group, any professional honors, awards, or other forms of recognition received and not listed elsewhere.

NONE

32. List any local, county or statewide board, commission, council or other body on which you currently serve which constitutes the holding of an office under the provisions of Article VI, Section 3 of the South Carolina Constitution, to wit:

NONE

No person may hold two offices of honor or profit at the same time. This limitation does not apply to officers in the militia, notaries public, members of lawfully and regularly organized fire departments, constables, or delegates to a constitutional convention.

33. Provide any other information which may reflect positively or negatively on your candidacy, or which you believe should be disclosed in connection with consideration of appointment to the position that you seek.

I feel I would offer a unique voice on the Board, as I am professionally focused on animals being cared for in animal shelters.

34. List the names, addresses and telephone numbers of five persons, including your banker, who will provide letters of reference. Letters should be addressed the South Carolina Senate and **must be mailed with your completed application to: Office of the Governor, ATTN: Katie Philpott, 1205 Pendleton Street, Columbia, SC 29201.**

(a) Shaun Walsh (843) 238 3343  
PO Box 8780  
Myrtle Beach, SC 29588

(b) Perry Jameson, D.V.M. (843) 216 -7554  
985 Johnnie Dodds Blvd  
Mt. Pleasant, SC 29404

(c) R. Keith Summey (843) 7402504  
PO Box 190016  
North Charleston, SC 29419

(d) Joe Elmore (843) 701 2444  
2455 Remount Rd  
North Charleston, SC 29406

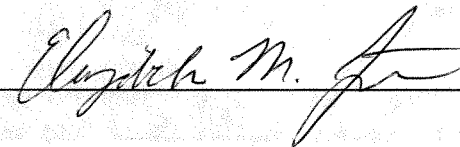
(e) Katelyn Simpson (843) 414 5419  
Bank of America  
901 Savannah Highway  
Charleston, SC 29407

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YOUR SIGNATURE WILL BE HELD TO CONSTITUTE A WAIVER OF THE  
CONFIDENTIALITY OF ANY PROCEEDING BEFORE ANY PROFESSIONAL GRIEVANCE  
COMMITTEE OR ANY INFORMATION CONCERNING YOUR CREDIT.

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE.

Date: 3/3/15

Signature: 



Office of the Governor  
State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed. Please return the application to:  
Office of the Governor, Attn: Katie Philpott, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr./Mr./Mrs./Ms. Fuller Elizabeth Marlow  
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

Board of Veterinary Medical Examiners

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 1

1236 Sunset Drive Charleston, SC 29407  
Charleston County

4] Home Telephone: 843 902 1737 5] Office Telephone: 843 329 1549 6] Fax: 843 747 1012

7] Mobile Telephone: 843 902 1737 8] Email Address: Fuller@charlestonanimal society.org

9] Drivers License # 007990466 10] Social Security #: 24871 9778

11] Voter Registration # 4 883 654 12] Date of Birth: 01/16/1983

13] Race: Caucasian 14] Sex: Male / Female

15] Level of Educational Background Completed:

Some High School \_\_\_\_\_

High School graduate or equivalence (G.E.D.) \_\_\_\_\_

Some College \_\_\_\_\_

College graduate \_\_\_\_\_

Professional degree (please specify) Doctor of Veterinary Medicine

16] Present Employer Charleston Animal Society

Address 2455 Remount Road North Charleston SC 29406

Current Position Senior Director of Veterinary Services

17] Years of residence in South Carolina: 32

18] Have you ever been arrested for a crime other than a minor traffic violation? No If so, give details.\*

- 19] Have you filed state and federal income tax returns for the past five years? yes If not, give details.\*
- 20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? NO If so, give details.\*
- 21] Have you ever defaulted on any state or federal student loan? NO If so, give details.\*
- 22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? NO  
If so, give details.\*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? NO  
If so, give details.\*
- 24] Have you ever served in the military? NO  
Were you honorably discharged? N/A If not, give details.\*
- 25] Have you ever been terminated from employment for cause? NO If so, give details.\*
- 26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? NO If so, give details.\*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? NO If so, give details.\*
- 28] Have you ever been disciplined or fined by any professional or regulatory agency? NO If so, give details.\*
- 29] Do you serve on any local or state board, commission, committee, or elected office? NO If so, list.\*
- 30] Are you a registered lobbyist in the State of South Carolina? NO
- 31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? NO If so, give details.\*
- 32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? NO If so, give details.\*
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? YES If yes, give details.\* MY husband and I are both practicing veterinarians



34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? NO If so, please identify \*:

- a) the type of property,
- b) the name of the agency(s) involved,
- c) the value of the transaction(s).

35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? NO If so, give details.\* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? NO If so, give details.\* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)

37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? NO If yes, please identify \*:

- a) the individual or business,
- b) the amount of compensation paid to you,
- c) the nature and amount of the contract,
- d) the governmental entity involved.

38] I, Elizabeth M. Fuller, agree that, if I am appointed to the Board of Veterinary Medical Examiners, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

\*Use extra sheet if necessary.

### CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Elizabeth M. Fuller  
Applicant's Signature

Sworn and subscribed before me this 2 day of March, Two Thousand and 15.

Jay Huber  
Notary Public for South Carolina

My commission expires 2/14/22

**STATE ETHICS COMMISSION**  
**STATEMENT OF ECONOMIC INTERESTS FORM**

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**

THE STATEMENT OF ECONOMIC INTERESTS FORM IS TO BE FILED:

- (1) PRIOR TO TAKING THE OATH OF OFFICE OR ENTERING UPON THE RESPONSIBILITIES OF THE POSITION
- (2) CANDIDATES FILE AT THE TIME OF BECOMING A CANDIDATE
- (3) ANNUALLY, THEREAFTER, PRIOR TO APRIL 15

STATE SENATORS AND CANDIDATES FOR STATE SENATE

SENATE ETHICS COMMITTEE  
P. O. Box 142  
Columbia, SC 29202

STATE REPRESENTATIVES AND CANDIDATES FOR STATE REPRESENTATIVE

HOUSE ETHICS COMMITTEE  
P. O. Box 11867  
Columbia, SC 29211

ALL OTHER ELECTED OFFICIALS (including Probate Judges)  
PUBLIC MEMBERS AND PUBLIC EMPLOYEES

STATE ETHICS COMMISSION  
5000 Thurmond Mall, Suite 250  
Columbia, SC 29201

CANDIDATES FOR PUBLIC OFFICE

**NOTE:** All Candidates must also file a  
Campaign Disclosure Form.

With the party official or other  
designated official authorized to receive  
a notice of candidacy or petition to  
appear on the election ballot

THE FOLLOWING DESIGNATED OFFICIALS, MEMBERS OR EMPLOYEES, BY WHATEVER TITLE:

1. A person appointed to fill the unexpired term of an elective office;
2. Employees of regulatory agencies who are associated with a regulated business;
3. A member of a state board, commission, or agency;
4. A compensated member of a local board, commission, or agency;
5. The chief administrative official or employee and deputy or assistant administrative official or employee or director of a division, institution, or facility of any agency or department of state government;
6. The city administrator, city manager, or chief municipal administrative official or employee, by whatever title;
7. The county manager, county administrator, county supervisor, or chief county administrative official or employee, by whatever title;
8. The chief administrative official or employee of each political subdivision including, but not limited to, school districts, libraries, regional councils, airport commissions, hospitals, community action agencies, water and sewer districts, and development commissions;
9. A school district and county superintendent of education;
10. A school district board member and a county board of education member;
11. The chief finance official or employee and the chief purchasing official or employee of each agency, institution, or facility of state government, and of each county, municipality, or other political subdivision including, but not limited to, those named in Item (7).
12. All Public Officials.

**NOTE: KEEP A COPY OF THIS FORM FOR FOUR (4) YEARS.**

**\$100 PER DAY PENALTY IF  
FILED LATE**

## STATEMENT OF ECONOMIC INTERESTS GENERAL INSTRUCTIONS

**ADDITIONAL INFORMATION** - Candidates must provide the completed form to the election official, or other person designated to receive the declaration of candidacy or petition to appear on the election ballot. Within five (5) days after the filing books close, the election official must send an original and one copy, along with a candidate's roster, to the appropriate supervisory office. Upon receipt of the copies, the appropriate supervisory office will certify to the election official that the candidate has met the filing requirement and may properly have his name appear on the election ballot.

Annual reports must be filed with the appropriate supervisory office.

A copy of the completed form is provided by the supervisory office to the Clerk of Court in the county of the candidate's residence. In the Clerk of Court's office, as well as in the supervisory office, the filing becomes a matter of public record, open to public inspection upon request.

Faxed copies of this form will not be accepted. The originals must be received no later than 5:00 p.m. on the date of the established deadline.

Keep a copy of this form for four (4) years. A late filing penalty of **\$100 per day WILL** be assessed if the form is not received within five (5) days of the established deadline.

If more than one category in the filing information chart applies, a completed Statement of Economic Interests Form must be filed with each appropriate filing office.

Please type or print all responses. Incomplete or illegible statements may be returned for resubmission. Additional information concerning any section of this statement may be included by attaching supplemental sheets. Number and date all supplemental attachments. Each statement requires information to be reported for the prior calendar year, regardless of when the form is completed. All disclosure statements are a matter of public record, open to public inspection upon request.

### **CANDIDATES ONLY:**

#### **NOTE: ALL CANDIDATES MUST ALSO FILE A CAMPAIGN DISCLOSURE FORM.**

**A CAMPAIGN DISCLOSURE FORM MUST BE FILED AT LEAST FIFTEEN DAYS BEFORE EACH ELECTION, EVEN IF NO MONEY IS RAISED OR SPENT. AN INITIAL REPORT MUST ALSO BE FILED WITHIN TEN DAYS AFTER SPENDING OR RECEIVING \$500, EVEN IF THE MONEY PROVIDED IS SOLELY THE CANDIDATE'S OWN FUNDS. AFTER THE CANDIDATE FILES THE INITIAL FORM, A CAMPAIGN DISCLOSURE FORM MUST BE FILED WITHIN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. THE QUARTERLY REPORTS MUST BE FILED UNTIL A FINAL REPORT IS FILED (i.e., NO MONEY IN THE CAMPAIGN ACCOUNT AND NO UNPAID DEBTS).**

**IF THE REPORTS ARE NOT FILED OR IF THE FORMS ARE LATE, A LATE FILING PENALTY, OF \$100 PER DAY, WILL BE LEVIED.**

**ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.**

## INSTRUCTIONS FOR PAGE 1

**SOCIAL SECURITY NUMBER** - This information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

STATE ETHICS COMMISSION  
STATEMENT OF ECONOMIC INTERESTS FORM

Name of Candidate or Filer: Last Name, First Name, Middle Initial Mr. ( ) Mrs. (X) Ms. ( )

FULLER, ELIZABETH L.

Mailing Address: 1236 SUNSET DRIVE

City: CHARLESTON State: SC

Zip: 29407 Phone: 843-902-1737

The following information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

Social Security Number:

248-71-9778

NOTE:

PLEASE COMPLETE THIS ENTIRE REPORT IN **BLUE** OR **BLACK** INK, OR **TYPE**.**DO NOT USE PENCIL****KEEP A COPY FOR YOUR RECORDS****\$100 PER DAY PENALTY IF FILED LATE**

PRINT IN BLACK OR BLUE INK, OR TYPE (DO NOT USE PENCIL)

1. Have you previously filed this form? ☒ Yes ☒ No

2. County of Residence: | C | H | A | R | L | E | S | T | O | N | | | | |

3. Name: (Last-First-Middle Initial) | F | V | L | L | E | R | | E | L | I | Z | A | B | E | T | H | | M | | | |

4. Mailing Address: | 1 | 2 | 3 | 6 | | S | U | N | S | E | T | | D | R | I | V | E | | | | |

City: | C | H | A | R | L | E | S | T | O | N | | | | | State: | S | C |

Zip: | 2 | 9 | 4 | 0 | 7 | 5. Phone: | 8 | 4 | 3 | - | 9 | 0 | 2 | - | 1 | 7 | 3 | 7 |

\*Status Position, Title, and Agency (If House or Senate, include District #) Term of Office (mo/yr)

6. Current \_\_\_\_\_ (a) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

7. Sought \_\_\_\_\_ (b) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

\*Status: 1. Appointed 2. Candidate 3. Employee 4. Elected 5. Employee/Regulated Business Association

8. Date of Hire or Appointment (mo-yr): 2015

**CANDIDATES ONLY**

9. Date filed as a candidate (mo/da/yr)

10. Election Date(s) (mo/da/yr) Primary \_\_\_\_\_ General \_\_\_\_\_ Special \_\_\_\_\_

11. **NOTE: ALL CANDIDATES MUST ALSO FILE A CAMPAIGN DISCLOSURE FORM. A CAMPAIGN DISCLOSURE FORM MUST BE FILED AT LEAST FIFTEEN DAYS BEFORE EACH ELECTION, EVEN IF NO MONEY IS RAISED OR SPENT. AN INITIAL REPORT MUST ALSO BE FILED WITHIN TEN DAYS AFTER SPENDING OR RECEIVING \$500, EVEN IF THE MONEY PROVIDED IS SOLELY THE CANDIDATE'S OWN FUNDS. AFTER THE CANDIDATE FILES THE INITIAL FORM, A CAMPAIGN DISCLOSURE FORM MUST BE FILED WITHIN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. THE QUARTERLY REPORTS MUST BE FILED UNTIL A FINAL REPORT IS FILED (i.e., NO MONEY IN THE CAMPAIGN ACCOUNT AND NO UNPAID DEBTS).**

**IF THE REPORTS ARE NOT FILED OR IF THE FORMS ARE LATE, A LATE FILING PENALTY, OF \$100 PER DAY, WILL BE LEVIED.**

**ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.**

12. **CERTIFICATION:** I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief. I understand that if this statement is not received within five (5) days of the deadline, a late filing penalty will be levied.

Date 2/23/15

Signature Elizabeth M. Jones

FOR OFFICE USE ONLY:

☐ COMPLETE ☐ INCOMPLETE  
☐ ENTERED ☐ SCANNED
**FAXED COPIES WILL NOT BE ACCEPTED**

The original must be received no later than 5:00 p.m. on the date of the established deadline.

**NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.**

STATEMENT OF ECONOMIC INTERESTS  
INSTRUCTIONS FOR PAGE 3

13. **INCOME AND BENEFITS** - Indicate the source, type, amount and/or value of income received by you or a member of your immediate family from state and local agencies in South Carolina during the prior calendar year. Generally, this amount is the same as the gross amount reported on your W-2 form. Any benefits not available to all employees or officials must be disclosed. Source refers to the public agency providing the income, compensation, or benefit. Type indicates the nature of the income or benefit (i.e., compensation, use of publicly-owned vehicle, residence, travel allowance, insurance, etc.) The amount, when known, should be disclosed. An amount does not need to be disclosed concerning permanent assignment of a vehicle or residence. State retirement does not need to be disclosed.

14. **REGULATED BUSINESS ASSOCIATION(S)** - Employees of regulatory agencies associated with businesses regulated by the agency must indicate the name(s) of all such businesses and how they are associated with that business. Disclose how that business is regulated by the regulatory agency.

15. **REAL OR PERSONAL PROPERTY INTERESTS** - Real estate interests held by you or a member of your immediate family in South Carolina must be disclosed (a) if the interest can be reasonably expected to be a conflict of interest with your public position, (b) if there have been public improvements (i.e., addition of sidewalks, road paving, water and/or sewer service, etc.) of more than \$200 on this or adjoining property, or (c) if the property has been sold, leased, or rented to a state or local public agency in South Carolina. Describe the nature of the property (i.e., residence, farm acreage, beach house), its physical location, and its market value. Identify the nature of the potential conflict of interest. Describe the nature and value of any public improvements. Identify the agency(s) which purchased, leased, or rented property from you. A copy of the sales contract or lease or rental agreement must be attached to this form.

Identify any personal property sold, leased, or rented by you or a member of your immediate family to a state or local public agency in South Carolina. Identify the type of property and the name of the agency(s) involved in the transaction(s) as well as the amount of value of the transaction(s). A copy of the sale contract, lease, or rental agreement must be attached to this form.

16. **BUSINESS INTERESTS** - Identify every business or entity in which you or a member of your immediate family held or controlled, in the aggregate, securities or interests constituting five percent or more of the total issued and outstanding securities and interests which constitute a value of \$100,000 or more. Identify your relationship to that business (officer, stockholder of more than \$100,000).



# SEC STATEMENT OF ECONOMIC INTERESTS

pg. 3 of 4

E5A.2

(ALL RESPONSES MUST BE FOR THE PRIOR CALENDAR YEARS)

## 13. INCOME AND BENEFITS FROM STATE AND LOCAL AGENCIES IN SOUTH CAROLINA (Check if none ☒)

Source	Type	Amount/Value

## 14. REGULATED BUSINESS ASSOCIATIONS (Check if none ☒)

Name of Business	Relationship	Source of Regulatory Involvement

## 15. REAL OR PERSONAL PROPERTY INTERESTS (Check if none ☒)

Description	Value	Location

Nature and Value of Improvements \_\_\_\_\_

Nature of Potential Conflict of Interest \_\_\_\_\_

Agency Purchasing, Leasing, or Renting the Property\*

\*A copy of the contract, lease, or rental agreement must be attached to this form.

## 16. BUSINESS INTERESTS (Check if none ☐)

Name of Business	Relationship
Cats Only Animal Hospital	Spouse is owner

STATEMENT OF ECONOMIC INTERESTS  
INSTRUCTIONS FOR PAGE 4

17. CREDITORS - List by name and address, each creditor to whom you or any member of your immediate family owed a debt in excess of \$500 at any time during the reporting period if the credit or loan is from some person which is regulated by the agency with which you are associated or from some person which is seeking a business or financial relationship with the agency with which you are associated. Disclose the original amount of the debt and the amount outstanding as of the end of the reporting period. Do not disclose amounts on credit cards or retail installment contracts. Also, do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution which loans money in the ordinary course of business and on terms and interest rates generally available to a member of the general public, without regard to status as a public official, public member, or public employee. Debt promised or loaned by a family member is not disclosed, if the person who promises or makes the loan is not acting as your agent or intermediary to a financial institution. Disclose the rate of interest charged on any reportable debt, the original amount and the outstanding balance.

18. LOBBYISTS - Identify the name and relationship of any lobbyist who is an immediate member of your family or an individual or business with which you or a member of your immediate family is associated. Identify any lobbyist or lobbyist's principal who has purchased goods or services of more than \$200 from you, a member of your immediate family, or an individual or business with which you are associated. Identify the type of goods or services purchased, the amount, from whom the material was purchased and your relationship to that person or business.

19. GOVERNMENT CONTRACTS - Identify each individual or business from which you receive compensation, if that individual or business also contracts with the governmental entity with which you serve or which employs you. Report the name and address of that individual or business and the amount of compensation paid to you by that individual or business. Identify further your relationship to that individual or business, the nature and amount of the contract, and the public agency involved in the contract.

20. GIFTS - The source and a brief description of any gifts, including transportation, lodging, food, or entertainment, received during the preceding calendar year from: (a) a person, if there is reason to believe the donor would not give the gift, gratuity, or favor but for your office or position; or (b) a person, or from an officer or director of a person, if you have reason to believe the person: (i) has or is seeking to obtain contractual or other business or financial relationship with your agency; or (ii) conducts operations or activities which are regulated by your agency if the value of the gift is \$25 or more in a day or if the value totals, in the aggregate, \$200 or more in a calendar year. Identify the type of gift, its value, as well as the donor and your relationship to that donor. Use this space to disclose travel expenses paid or reimbursed pursuant to Section 8-13-715.

21. MEMBERS OF THE GENERAL ASSEMBLY AND CANDIDATES FOR THE GENERAL ASSEMBLY ONLY- Identify any person represented for compensation, before any governmental entity by you, an individual with whom you are associated, or a business with which you are associated. Disclose the nature of the services rendered in such representation and the nature of any contacts made with governmental agencies regarding such representation. Fees earned for such representations must be fully disclosed. Matters of representation required by law or before courts in the unified judicial system do not require disclosure.

NOTE: You are not required to disclose economic interest information concerning:

- (1) a spouse separated from you by court order;
- (2) a former spouse;
- (3) a campaign contribution that is permitted and reported under Article 13; or
- (4) matters determined to require confidentiality pursuant to Section 2-17-90 (E).

# SEC STATEMENT OF ECONOMIC INTERESTS

pg. 4 of 4

## E5A.3

17. CREDITORS (Check if none ☒)

Name and Address of Creditor	Rate of Interest	Original Amount	Outstanding Amount

18. LOBBYISTS (Check if none ☒)

(a) Name of Lobbyist	Relationship or Association

(b) Name of Lobbyist	Goods/Service Purchased	Amount	Purchased From	Relationship

19. GOVERNMENT CONTRACTS (Check if none ☒)

Contractor Name and Address	Relationship	Nature of Business	Amount	Agency

20. GIFTS (Check if none ☒)

Nature of Gift	Value	Donor	Relationship

21. MEMBERS OF AND CANDIDATES FOR THE GENERAL ASSEMBLY ONLY (Check if none ☐)

Person Represented	Services Rendered	Nature Contact w/Gov. Agency	Fees Earned

## **CONTACT NUMBERS**

For questions, call: 803/253-4192

or

**Visit the State Ethics Commission  
or copy additional forms at:**

<http://www.state.sc.us/ethics>

### **State Ethics Commission Commissioners**

Gregory P. Harris, Chairman  
Kenneth C. Krawcheck, Member at Large, Vice-Chairman  
Marvin Infinger, 1<sup>st</sup> District  
Edward Duryea, 2<sup>nd</sup> District  
John L. Cannon, 3<sup>rd</sup> District  
Pete G. Diamaduros, 4<sup>th</sup> District  
Duane G. Hansen, 5<sup>th</sup> District  
Vacant, 6<sup>th</sup> District  
Flynn T. Harrell, Member at Large

*Executive Director, Herbert R. Hayden, Jr.  
Publication Editor, Marjorie A. DeLee*

**Confidential Financial Statement**  
**Net Worth**

Provide a complete, current financial net worth statement which itemizes in detail all assets (including bank accounts, real estate, securities, trusts, investments, and other financial holdings) and all liabilities (including debts, mortgages, loans, and other financial obligations).

**ASSETS**

Cash on hand in banks

U. S. Government securities—add schedule

Listed securities—add schedule

Accounts and notes receivable:

Due from relatives and friends

Due from others

Doubtful

Real estate owned—add schedule

Real estate mortgages receivable

Cash value—life insurance

Other assets—itemize:

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Total assets

*see attached*

## Assets

Retirement accounts, Edward Jones	43074.55
Cash in accounts --joint	1996.76
Cash in accounts --personal	850.83
Personal Property (car)	19,000
Real Estate, estimated value	300,000
	<b>364922.1</b>

## LIABILITIES

Notes payable to banks—secured  
Notes payable to banks—unsecured  
Notes payable to relatives  
Notes payable to others  
Accounts and bills due  
Unpaid income tax  
Other unpaid tax and interest  
Real estate mortgages payable—add schedule  
Chattel mortgages and other liens payable  
Other debts—itemize:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total liabilities *see attached*  
Net worth \$ (-) 17,522.77

## CONTINGENT LIABILITIES

As endorser, comaker or guarantor  
On leases or contracts  
Legal claims  
Provision for Federal Income Tax  
Other special debt



**Liabilites**

Mortgage 247,701.21

Unsecured Loan 14,702.58

Student Loans (consolidated) 99,338.22

Auto Loan 19,439.86

Personal Credit Card 1,263

367,742.29

14,702.58

\$ 382,444.87

## GENERAL INFORMATION

Are any assets pledged?

(Add schedule)

Are you defendant in any suits or legal actions? *NO*

Have you ever taken bankruptcy? *NO*

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date: 3/3/15

Signature: *Elizabeth M. F.*

---

DCHESCDTUN 012586



BENJAMIN G FULLER  
ELIZABETH M FULLER  
1236 SUNSET DR  
CHARLESTON SC 29407-7753

Maturity Date 09/19/17  
Interest Rate 8.75%  
Per Diem Amount \$3.52  
Payment Due Date 02/19/15\*  
Total Amount Due \$516.84

\*After 03/01/15 a late charge may apply of \$39.00

### Customer Service

Online Banking  
www.wellsfargo.com  
Telephone  
1-877-269-6056  
Español: 1-877-269-0915

### Payments

PO Box 660007  
Dallas, TX 75266-0007

### Correspondence\*

PO Box 95225  
Albuquerque, NM 87199-5225

### Overnight Mail

7412 Jefferson NE  
Albuquerque, NM 87109-4336

\* Please include your account number, name, signature, and details regarding your request. Do not send payment(s) to this address.

### Payment Information

Payment Due Date 02/19/15  
Principal Payment \$407.58  
Interest Payment \$109.26  
Current Payment \$516.84

Total Amount Due \$516.84

### Balance Summary

Interest Accrued \$45.82  
Principal Balance \$14,702.58

### Activity Detail

Effective Date	Description	Transaction Amount	Principal Balance
	Prior Principal Balance		\$15,107.15
01/19/15	INTEREST PAYMENT	\$112.27	
01/19/15	PRINCIPAL PAYMENT	\$404.57	
01/30/15	Ending Principal Balance		\$14,702.58*

\*This is your principal balance only (and does not include interest and/or fees). For your payoff amount, please call Customer Service.

Total of Payments Received Since the Last Statement: \$516.84

### Payment Transactions Year to Date

Total Payments Received	\$516.84
Principal	\$404.57
Interest	\$112.27

This is a daily simple interest loan where interest is calculated daily on the outstanding balance. Normally, a portion of each payment made will be applied to interest and a portion to principal. Because interest accrues daily, the amount of each portion will vary based on payments made as well as the interest rate on your account. Consistently making a regular monthly payment by the payment date may result in less interest paid over the life of the loan. If this statement shows an accrued interest amount, it displays interest accrued from the last payment until the date the statement produced, plus any previously unpaid interest, if applicable.

In 2014, you paid \$1,545.22 in interest on this account.

### Thank you for choosing Wells Fargo.

Detach and return bottom remittance portion with your payment in the enclosed envelope. Please write in black or blue ink.

▼ Please do not send cash ▼

DCHESCDTUN 012586 NNNNNNNNNN NN 001 001 025835 11102690.1



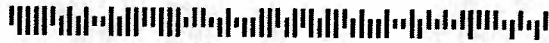
160 N. Riverview Dr.  
Suite 100  
Anaheim, CA 92808  
6am - 6pm PST



### BORROWER INFORMATION

**Name**  
**Account Number**

**Elizabeth Fuller**  
**20131150157221**



Elizabeth Fuller  
1236 Sunset Dr  
Charleston, SC 29407-7753



## ACCOUNT SUMMARY

Name	Elizabeth Fuller	Monthly Payment Amount	\$352.66
Account Number	20131150157221	Amount Past Due	\$0.00
Statement Date	02/10/2015	Outstanding Late Fees & Charges	\$0.00
Due Date	03/02/2015		
Account Balance	\$19,439.86	Total Amount Due	\$352.66

To obtain actual payoff amount or for questions on the servicing of your account, please call us at 1(888) 810-8740 or visit [www.gatewayonlending.com](http://www.gatewayonlending.com)



## PAYMENT DETAILS

Description	Trans. Date	Principal	Interest	Fees/Charges
PAYMENT	02/01/2015	\$285.81	\$66.85	

## MESSAGE BOARD



Visit our website at [www.gatewayonlending.com](http://www.gatewayonlending.com) to set up your automatic recurring payment hassle free and with no cost!



00072497 01 AV 0.378 01 TR 00292 EJADD046 001100

ELIZABETH L FULLER  
1236 SUNSET DR  
CHARLESTON SC 29407-7753



## Portfolio Summary

### Total Portfolio Value

**\$43,074.55**

<b>1 Month Ago</b>	\$42,251.45
<b>1 Year Ago</b>	\$17,577.21
<b>3 Years Ago</b>	\$9,690.85
<b>5 Years Ago</b>	\$4,122.61

## Fund Your IRA Now

Making use of tax-advantaged savings opportunities is important. And one of the best opportunities is to fund your Individual Retirement Account before the 2014 tax deadline. If you're age 50 or over, you may even be able to make a catch-up contribution. Call your financial advisor to discuss how funding your IRA now can help you work toward your retirement goals.

## Time to Think about Your Retirement Accounts

If you have retirement assets elsewhere, could they be doing more to help you reach your goals? Your financial advisor can review your accounts and strategy to decide if any adjustments can be made to help ensure your investments are aligned with your objectives. He or she can also explain how consolidating your assets could make it easier to maintain one sound retirement strategy. Call to schedule a review.

## Overview of Accounts

Accounts	Account Holder	Account Number	Value 1 Year Ago	Current Value
Roth Individual Retirement Account	Elizabeth L Fuller	606-91990-1-3	\$17,577.21	\$19,784.78
Joint Tenants With Right of Survivorship	Elizabeth L Fuller & Benjamin G Fuller	606-16833-1-1	\$0.00	\$23,289.77
<b>Total Accounts</b>			<b>\$17,577.21</b>	<b>\$43,074.55</b>

Although account information is provided on this page, it does not guarantee an actual statement was produced. Refer to your account statement for the exact registration and more specific details regarding each account.

## Overview of Other Products and Services

Insurance Protection	Policy Number	Death Benefit			
American General for Benjamin Fuller	YM01043595	\$500,000.00			
American General for Benjamin Fuller	YME1803485	\$500,000.00			

## Roth Individual Retirement Account

Edward D Jones & Co Custodian  
FBO Elizabeth L Fuller Rth

## Accessing Your Tax Forms Made Easier

You may view, print and download your Edward Jones tax information anytime through Online Account Access. There's no need to print and fax multiple pages of your Edward Jones tax forms because you may securely share them electronically with your tax professional through Online Account Access. All Forms 1099 will be issued to clients by Feb. 15.

### Account Value

**\$19,784.78**

<b>1 Month Ago</b>	\$19,751.60
<b>1 Year Ago</b>	\$17,577.21
<b>3 Years Ago</b>	\$9,690.85
<b>5 Years Ago</b>	\$4,122.61

### Value Summary

	This Period	This Year
Beginning value	\$19,751.60	\$19,751.60
Assets added to account	200.00	200.00
Income	3.67	3.67
Assets withdrawn from account	0.00	0.00
Fees and charges	0.00	0.00
Change in value	-170.49	-170.49

**Ending Value \$19,784.78**

### Asset Details (as of Jan 30, 2015)

additional details at [www.edwardjones.com/access](http://www.edwardjones.com/access)

Mutual Funds	Price	Quantity	Amount Invested Since Inception	Amount Withdrawn Since Inception	Value
American Fds Dev World Grw	10.32	241.995	\$2,716.98	—	<b>\$2,497.39</b>
Federated Kaufmann	5.74	478.431	—	—	<b>2,746.19</b>
Federated Kaufmann Fund Cl B	5.13	118.919	—	—	<b>610.05</b>
First Eagle Global Fund Cl C	51.43	58.817	3,000.00	—	<b>3,024.96</b>
Ivy Asset Strategy Fund Cl B	24.10	247.02	4,369.37	—	<b>5,953.18</b>
Ivy Asset Strategy Fund Cl C	24.25	89.403	2,325.00	—	<b>2,168.02</b>
MFS Total Return Fund Cl B	17.94	155.239	2,000.00	—	<b>2,784.99</b>

**Total Account Value \$19,784.78**

### Retirement Summary

Roth IRA	This Period	Cumulative
2015 Contributions	\$200.00	\$200.00
2014 Contributions	0.00	2,400.00





**Investment and Other Activity by Date**

<b>Date</b>	<b>Description</b>	<b>Quantity</b>	<b>Amount</b>
1/02	Dividend on MFS Total Return Fund CI B on 155.037 Shares @ 0.023		\$3.67
1/02	Reinvestment into MFS Total Return Fund CI B @ 18.21	0.202	-3.67
1/06	Received Federated Kaufmann Share Class Conversion	9.612	
1/06	Delivered Federated Kaufmann Fund CI B Share Class Conversion	-10.744	
1/15	2015 Roth Contribution Electronic Transfer from		200.00
1/21	Buy American Fds Dev World Grw @ 10.34	19.342	-200.00





4 Barrell Court  
PO Box 3420  
Concord, NH 03302-3420

February 24, 2015

ELIZABETH L MARLOW  
1236 SUNSET DR  
CHARLESTON, SC 29407-7753

Account Number(s): F801236432

Dear ELIZABETH L MARLOW:

The following detailed information pertains to your loan(s) at Granite State Management & Resources (GSM&R):

**Account Summary:**

Regular monthly payment amount	\$491.54
Next payment due date	05/21/2015
Past due amount	\$0.00
Late fees	\$0.00
Principal balance	\$99,283.28
Accrued interest	\$54.94
Capitalized interest	\$0.00
Total balance	\$99,338.22

**Payment History (last five payments):**

02/21/2015	\$491.54
01/21/2015	\$491.54
12/21/2014	\$491.54
11/21/2014	\$491.54
10/21/2014	\$491.54

**Department of Education Loan Summary:**

Loan	Loan Type	Status	Original Loan Amount	Current Principal Balance	Interest Rate	First Disbursement Date	Consumer Account Number
2	DIRECT CONSOL	REPAYMENT	\$67,490.45	\$66,239.98	5.88%	11/14/2008	500000002066099
1	DIRECT CONSOL	REPAYMENT	\$33,640.03	\$33,043.30	5.88%	11/14/2008	500000002065999

If you need additional information, please visit our website at [www.gsmr.org](http://www.gsmr.org) and click on Manage My Account to log into your account, or call us toll-free at 1.800.719.0708.

Sincerely,

Your Education Partners at  
Granite State Management and Resources  
The NHHEAF Network Organizations

# Wells Fargo® Preferred Checking

Account number: 5946037487 ■ February 1, 2015 - February 28, 2015 ■ Page 1 of 4

WELLS  
FARGO

BENJAMIN G FULLER  
ELIZABETH M FULLER  
1236 SUNSET DR  
CHARLESTON SC 29407-7753

## Questions?

Available by phone 24 hours a day, 7 days a week:  
Telecommunications Relay Services calls accepted

**1-800-TO-WELLS** (1-800-869-3557)

TTY: 1-800-877-4833

En español: 1-877-727-2932

華語 1-800-288-2288 (6 am to 7 pm PT, M-F)

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (367)  
P.O. Box 6995  
Portland, OR 97228-6995

## You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

## Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	<input checked="" type="checkbox"/>	Direct Deposit	<input checked="" type="checkbox"/>
Online Bill Pay	<input checked="" type="checkbox"/>	Auto Transfer/Payment	<input checked="" type="checkbox"/>
Online Statements	<input checked="" type="checkbox"/>	Overdraft Protection	<input type="checkbox"/>
Mobile Banking	<input checked="" type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input checked="" type="checkbox"/>	Overdraft Service	<input type="checkbox"/>

## Activity summary

Beginning balance on 2/1	\$2,013.58
Deposits/Additions	500.02
Withdrawals/Subtractions	- 516.84
<b>Ending balance on 2/28</b>	<b>\$1,996.76</b>

Account number: 5946037487

**BENJAMIN G FULLER**  
**ELIZABETH M FULLER**

South Carolina account terms and conditions apply

For Direct Deposit use  
Routing Number (RTN): 053207766

## Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

04239/000000/008530 0000 1 ASK95 936  
 BENJAMIN G FULLER  
 ELIZABETH M FULLER  
 1236 SUNSET DR  
 CHARLESTON, SC 29407-7753

Correspondence  
 PO Box 10335  
 Des Moines, IA 50306  
 Payments  
 PO Box 660278  
 Dallas TX 75266

Hours of operation  
 Mon - Fri 6 a.m. - 10 p.m.  
 Sat 8 a.m. - 2 p.m. CT  
 Purchase or refinance  
 1-866-867-3026

We accept telecommunications relay service calls.

### Payment summary

Principal	\$444.16
Interest	\$774.07
Escrow	\$598.99
Current payment	\$1,817.22
<hr/>	
Total payment due 03/01/15	\$1,817.22
After 03/16/15 a late charge may apply	\$72.69

### Balance summary

Unpaid principal balance	\$247,701.21
Escrow balance	\$1,830.38
(Contact Customer Service for your payoff balance)	
Interest rate	3.750%
Maturity date	07/42

### Year to date summary

Total received*	\$3,700.00
Principal	\$949.44
Interest**	\$1,552.58
Escrow	\$1,197.98

\*This total may include the Unapplied funds balance from the Balance summary section.

\*\*This information should not be used for tax purposes. If you have tax related questions please consult your tax advisor.

### Activity since your last statement

Date	Description	Total	Principal	Interest	Escrow	Other
01/29	Payment	\$1,817.22	\$442.68	\$775.55	\$598.99	
01/29	Principal payment	\$32.78	\$32.78			

### Important messages

Ready to buy your next home?

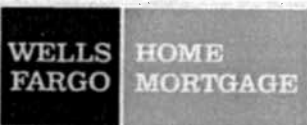
We're here to help you understand your home financing options, so you can make informed home financing decisions. Learn about our low down payment programs, financing options, and how we can help make buying your next home a rewarding experience. Call 1-866-418-3476, stop by your local branch, or visit [wellsfargo.com/newhome](http://wellsfargo.com/newhome). Mention Code DMR7AF8.

Now may be a good time to take a fresh look at your homeowners insurance

Talk to a Wells Fargo Insurance agent today to see if you have the homeowners insurance coverage and price that makes the most sense for you. Bundle your home with your auto insurance to see if you can save even more. Call Wells Fargo Insurance today! 1-866-444-0479

Insurance is: Not insured by the FDIC or any federal government agency. Not a deposit of or guaranteed by any bank.

TRA1-S-000000/008530 ASK95



Please detach and return with your payment.

Loan number 0415511559  
 Current payment due \$1,817.22  
 Total payment due 03/01/15 \$1,817.22  
 After 03/16/15 a late charge may apply \$72.69

Monthly payment  
 x pmt amt \$

Additional principal \$

Late charges \$

Other charges \$

Check here and see reverse for address correction.

BENJAMIN G FULLER  
 ELIZABETH M FULLER  
 04239/000000/008530 0000 1 ASK95 936

Please specify additional funds

WELLS FARGO HOME MORTGAGE  
 PO BOX 660278

• Homeowners and Flood Insurance 1-866-444-0479  
 • Disaster Recovery Plan Insurance 1-800-234-7354  
 • Home Warranty 1-888-247-4777  
 • Identity Theft Protection 1-877-247-9912  
 • Student Loans 1-888-511-7304  
 • International access (where available) 00-800-28832122

#### Fee schedule

Fees for assumptions, partial releases, and other services will be quoted upon request. Allowable fees for checks and drafts that are not honored by your bank vary by state and will be assessed automatically. States with fixed fees are as follows: ME, NM, RI, VT - \$0; FL, LA, MI, OK - \$25; AR, GA, HI, KS, MN, MT, WY - \$30; PA - \$50. Fees are subject to change without notice.

#### Important information

If you send your payment to any other location, it may cause a processing delay. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. If your mortgage check does not clear upon initial presentment, your bank may charge a fee and we may attempt to withdraw funds from your account electronically up to a maximum of three times. If we are not able to successfully collect these funds, the check amount will be reversed from your loan.

#### Disputing account information reported to credit bureaus

We may furnish information about your account to consumer reporting agencies. You have the right to dispute the accuracy of information that we have reported by writing to us at the Correspondence Address noted on the front of this statement and describing the specific information that is inaccurate or in dispute and the basis for any dispute with supporting documentation. In the case of information that you believe relates to an identity theft, you will need to provide us with an identity theft report.

#### Contact us

If you'd like to request information, notify us of an error, or share any concerns you may have about the servicing of your loan, please contact us at P.O. Box 10335, Des Moines, IA 50306.

- I understand that this authorization and the program services is no way alter or lessen my obligation under my existing mortgage contract regarding the amount of monthly payments, when payments are due, the application of payments, the assessment of late charges or the determination of delinquencies and I must maintain sufficient funds in my account for withdrawal of my monthly payment.
- I understand that withdrawn funds may not be applied to my mortgage until sufficient funds have accumulated for a full monthly payment to be made.
- I understand the electronic withdrawal amount will vary with changes in escrow or principal and interest components, if applicable.
- I understand that I must provide Wells Fargo notice of at least ten days for any request to modify, change, or terminate participation in this program. I understand that if I modify, change, or terminate participation in the program, I may not realize the benefits.
- I agree to be bound by the program's Terms and Conditions which are stated here and online.
- The phone authorization code is: AMPTAC

#### Access your account online any time

View details of your mortgage account, including official tax information, payment activity and more. Please visit the website listed on the front of this statement.

**Need to make payments fast?** You can schedule free payments online. Simply sign onto the website listed on the front of this statement and schedule your payment securely at your convenience. Payments can also be scheduled by calling Customer Service; a fee may apply.

**Need to wire payment funds?** For assistance in finding the nearest location, call 1-800-926-9400 for MoneyGram® Express Payments or 1-800-325-6000 for Western Union® "Quick Collect" payments.

For those customers who reside in the state of New York, the debtor may file complaints about the servicer and obtain further information from the New York Banking Department by calling the Department's Consumer Help Unit at 1-800-342-3736 or by visiting the Department's website at [www.banking.state.ny.us](http://www.banking.state.ny.us).

For those customers who reside in the state of Texas, we will not recognize 3<sup>rd</sup> Party Property Tax Lien Transfers or Property Tax Deferrals. These programs create a lien on your property which takes priority over your mortgage. A change in lien position violates your mortgage agreement and we will take the necessary steps needed to ensure the mortgage lien is not at risk.

**Servicemembers Civil Relief Act** - Servicemembers Civil Relief Act - The Servicemembers Civil Relief Act (SCRA) may offer protection or relief to members of the military who have been called to active duty. If either you have been called to active duty, or you are the spouse, registered domestic partner, partner in a civil union, or financial dependant of a person who has been called to active duty, and you haven't yet made us aware of your status, please contact our Military Customer Service Center at 1-888-870-6014 or fax your Active Duty Orders to 1-855-870-6014, attention Special Loans/SCRA.

**Housing Counselor Information** - If you would like counseling or assistance, for a list of homeownership counselors or counseling organizations in your area, you can contact the following: U.S. Department of Housing and Urban Development (HUD), go to <http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> or call 800-569-4287.



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-adv-Aug 2014

**Address and phone number change** - Please be sure to check the box on the front of payment coupon.

Borrower  
first name

Borrower  
last name

Co-borrower  
first name

Co-borrower  
last name

New mailing  
address

**Interest summary**

Interest paid this statement	\$0.02
Average collected balance	\$2,110.24
Annual percentage yield earned	0.01%
Interest earned this statement period	\$0.02
Interest paid this year	\$0.04
Total interest paid in 2014	\$0.29

**Transaction history**

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
2/4		R663 Charles Payroll 150204 25 Elizabeth Fuller	62.50		2,076.08
2/5		Recurring Transfer From Fuller B Checking Ref #Opek76T9Gc xxxxxxxx8525	125.00		2,201.08
2/11		R663 Charles Payroll 150211 25 Elizabeth Fuller	62.50		2,263.58
2/18		R663 Charles Payroll 150218 25 Elizabeth Fuller	62.50		2,326.08
2/19		Recurring Transfer From Fuller B Checking Ref #Ope8J63Ft6 xxxxxxxx8525	125.00		
2/19		WF Loan/Line Auto Pay 150218 858520154710001 Fuller Benjamin		516.84	1,934.24
2/25		R663 Charles Payroll 150225 25 Elizabeth Fuller	62.50		1,996.74
2/27		Interest Payment	0.02		1,996.76
<b>Ending balance on 2/28</b>					<b>1,996.76</b>
<b>Totals</b>			<b>\$500.02</b>	<b>\$516.84</b>	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

**Monthly service fee summary**

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to [wellsfargo.com/feefaq](http://wellsfargo.com/feefaq) to find answers to common questions about the monthly service fee on your account.

Fee period 02/01/2015 - 02/28/2015	Standard monthly service fee \$15.00	You paid \$0.00
<b>How to avoid the monthly service fee (complete 1 AND 2)</b>	Minimum required	This fee period
1) Have any <b>ONE</b> of the following account requirements		
• Linked Wells Fargo home mortgage	1	1 <input checked="" type="checkbox"/>
• Combined balances in linked accounts, which may include	\$10,000.00	\$9,773.96 <input type="checkbox"/>
• Minimum daily balance in checking, savings, time accounts (CDs) and FDIC-insured retirement accounts		
2) Complete the package requirements		
• Have qualifying linked accounts or services in separate categories*	3	<input checked="" type="checkbox"/>

**Monthly service fee discount(s) (applied when box is checked)**

Online only statements (\$2.00 discount) ☒

\*Includes Wells Fargo consumer accounts and services such as debit card, savings accounts, active Online Banking, credit card, loans and lines of credit.



## IMPORTANT ACCOUNT INFORMATION

The following information is provided to help clarify an existing fee waiver associated with Overdraft fees. The benefit has not changed. At the end of our nightly processing, if both your ending daily account balance and your available balance are overdrawn by \$5 or less, any overdraft fee(s) will be waived. This fee waiver is associated with your total overdrawn balance, not the dollar size of the transaction(s) contributing to the overdrawn balance.



