Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

04/05/20	Onty Judge of Prob 016 08:11:22 AM FI	•	
Please Print in ink or Type.		ype of Report (ch	neck one)
	1.7.	Monthly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)	1/	Weekly	Amended Weekly
County Commission District 4 (5he	<i>, , , , , , , , , ,</i>	or Monthly Repo	1
Address		fonth in which the eport is filed.	
225 Summer Stook Lane		or Weekly Repor	
Alaska AL State ZIP Code Telephone Nu	mber w	veek in which the eport is filed.	4/0/2016
1/4 501501		otal Number of Pages in Report	5
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous filing)		1	1/37/0
Cash Contributions		L	7
2a Itemized cash contributions (total from Form 2)	2a \$ 575	()()	
2b Non-itemized cash contributions	2b \$ 7	00	
2c Total cash contributions (add lines 2a and 2b)		20	\$ 65000
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a \$ 850	00	
3b Non-itemized in-kind contributions	3b		
3c Total in-kind contributions (add lines 3a and 3b)	3c 8 550	00	
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from Form 4)	4a		
4b Non-itemized Receipts from Other Sources	4b		٠
4c Total receipts from other sources (add lines 4a and 4b)		40	
Expenditures			
5a Itemized expenditures (total from Form 5)	5a \$ / 079	7.15	
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)		50	\$ 1.078.15
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6	\$ 709.95
Candidates for State Office: File this report with the Office of the S	ecretary of State.	· · · · · · · · · · · · · · · · · · ·	
Candidates for County or Municipal Office: File this report with th	e Judge of Probate	of the county in	n which the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby Swo	orn to and subscribe	ed before me thi	s 4th day of
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are	nilof the y	ear <u>2016</u>	My commission expires
true and correct and that this information is a full and complete the	6 day of	March	of the year $30/7$.
statement of all contributions, expenditures, and other required)		
information during the applicable period of time.	WICKS	Has	
	nature of Notary Public	\bigcap	
Signature of Candidate or Elected Official Candidate or Elected Official Candidate or Ele	INDIA	10105.	5

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Man ORM Shelby Cnty Judge of Probate, AL 04/05/2016 08:11:22 AM FILED/CERT 9 When total DO NOT LIST in-kind contributions or loans on this for utions from a single source exceed \$100.00, the FCP, ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND 1015ey 2 3 2 ZIP) requires Use CASH **Forms** <u>a</u> contributions CONTRIBUTIONS ယ and Business or 4 Corporation ರ್ SOURCE CONTRIBUTION (CHECK ONE) Individual those listings from PAC that Other source SIHT Returned ťo RECEIV be (mo. PAG item /day/yr.) nized. Ш VED CONTRIBUTION AMOUNT

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Contri utions eiv fq candid ate elected official

NAME OF ANDIDATE OR ELECT **TED** OFFICIAL:

FORM REVISED (INCLUDE FUL 20160405000108900 3/5 \$.00 Shelby Cnty Judge of Probate, AL CONTRIBUTOR 04/05/2016 08:11:22 AM FILED/CERT 9.2 2011 NAME) When total contributions from a ADDRESS SHOULD " OR P.O. DO NOT single s source cash INCLUDE STATE, AND ZIP) or loans exceed 040 \$100.00, 9 this form. Administrative the TOTAL NATURE Advertising FCP, Use Consultants/ \triangleright Polling Forms (CHECK ONE) N-KIND requires Equipment Food N and <u>a</u> Rent CONTRIBUTIONS C öntribi 4 ₫ Transportation those utions Other Business/ listings. from Corporation SOURCE (CHECK ONE) Individual that PAC source SIHT Other CONTRIBUTION ರ RECEI PAGE be (mo./day/yr.) DAT itemized. 9 AMOUNT



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When

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source exceed \$100.00,

the FCPA requires

all contributions

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	DO NOT LIST cash or in-kin	nd cc)ntrik	utio	s on this form. Use Forms 2 and 3 for those	listin	gs.					
	> 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	유고	FORM	E PT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECE (C	HEC TPT	SOU	JRCE	**************************************		
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Institution	PAC Individual	Business	Other		RECEIVED (mo./day/yr.)	RECEIPT
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FORM REVISED 9.2.2011					TOTAL RECE	IPTS	<u> </u>	SH	PA	G		



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When total expenditures ð a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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FORM REVISED 9.2.2011	Sueti	by Chty J	ludge of I	Probate, **FILED/C	ALERT		Fac Bak	Me J Graphics	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
							Marker Wax CA Allors	448 Sherward Circle	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
						·		(~-	Administrative	
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EXP									Loan Repayment	ECK C
Ĕ		·							Lodging	PEN:
									Transportation	
URES THIS									OTHER GIVE BRIEF EXPLANATION	JRE
PAGE							3/2/6	3/3//2//2	EXPENDITURE (mo./day/yr.)	
\$10791X							85315	000	AMOUNT OF EXPENDITURE	

