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FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

JUL 0 8 2016

20160712000241060 1/5 \$ 00 Shelby Cnty Judge of Probate, AL

Please Print in Ink or Type.	07/12/2016	08:02:41 AM FILED/CER	Τ
	Political Party/Ballot Affiliation	Type of Report (chec	
Barbara Moore		Monthly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)	······································	Weekly	Amended Weekly
District Two Council		For Monthly Reports Month in which the	3
Address Check box if reporting new address		report is filed.	
19949 Hwy		For Weekly Reports Date of Friday in the	
City State State ZIP Code A D S S S S S S S S S S S S S S S S S S	Telephone Number	week in which the report is filed.	
		Total Number of	
		Pages in Report	
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous	us riling)		-0-
Cash Contributions			
2a Itemized cash contributions (total from Form 2)		<i>D</i> -	
2b Non-itemized cash contributions	2b	0 -	
2c Total cash contributions (add lines 2a and 2b)		[2c]	0
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3		<u> </u>	
3b Non-itemized in-kind contributions	3b	2 -	
3c Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from	n Form 4) 4a – C	7 -	
4b Non-itemized Receipts from Other Sources	4b ~0		
4c Total receipts from other sources (add lines 4a	and 4b)	4c	
Expenditures			
5a Itemized expenditures (total from Form 5)	5a <u>C</u>	2	
5b Non-itemized expenditures	5b C)	
5c Total expenditures (add lines 5a and 5b)		5c	0
6 Ending balance (add lines 1, 2c, & 4c, then subtra	ct line 5c)	6	0
Candidates for State Office: File this report with the Offi	ce of the Secretary of St	ale.	
Candidates for County or Municipal Office: File this re	port with the Judge of Pr	robate of the county in w	
As required by the Alabama Fair Campaign Practices Act, I here	• / / //	scribed before me this _	Ste day of
swear or affirm to the best of my knowledge and belief that attached report(s) and the information contained herein	are Juny of	f the year <u>2016</u>	My commission expires
true and correct and that this information is a full and complete	ete the 10 th	ay of March of t	he year 2017
statement of all contributions, expenditures, and other requires to the applicable period of time.	red /	111	*
information during the applicable period of time. Markets Markets 12-8-1	1) [4	<u>XIIIII</u>	
Sandius of Cardida's as Clasical Official	Signature of Notary		
Signature of Candidate or Elected Official Date	CiNdi	(5/a55	į

Print Notary's Name

ABAMA FAIR AMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT F OR CANDIDATE Qο ELECTED OFFICIAL

9 butions received by candidate 9 <u>m</u> ected official

유 ANDIDATE OR ELECTED OFFICIAL: BARBARA MacRe

(INCLUDE FULL NAME) 20160712000241060 2/5 \$.00 Shelby Cnty Judge of Probate, AL When total contributions from a single source exceed \$100.00, the FCPA requires DO NOT LIST in-kind contributions or loans on this form. Use Formation of the form of the form of the form of the form. 07/12/2016 08:02:41 AM FILED/CERT ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL Þ ESE contributions CONTRIBUTIONS **Business** or Q T Corporation ਰ੍ਹਾ SOURCE CONTRIBUTION (CHECK ONE) Individual those listings. from that PAC Other source to be itemized. SET Returned ONTRIBUTION RECEIVED PAGE

FORM REVISED

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ABAMA FAIR AMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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OF F ANDIDATE OR ELECT ED OFFICIAL: Se

FORM REVISED AME (INCLUDE FULL NAME) \bigcirc N 201 When total contributions from a single 20160712000241060 3/5 \$ 00 Shelby Cnty Judge of Probate, AL 07/12/2016 08:02:41 AM FILED/CERT THE THE OR P.O. DO NOT LIST source cash INCLUDE STATE, AND ZIP) or loans exceed \$100.00, 9 this form. Administrative the TOTAL NATURE OF CONTRIBUTION (CHECK ONE) Advertising FCPA req Use Consultants/ Forms Polling Z Equipment uires XIND Food and <u>의</u> Rent contributions CONTRIBUTIONS Transportation Other Business/ listings. from that Corporation SOURCE (CHECK ONE) Individual PAC source to I I S Other CONTRIBUTION þe RECEIVED PAGE itemized. AMOUNT
OF
CONTRIBUTION

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

Receipts from Other Sources loans, interest, and other sources of inco

NAME OF CANDIDATE OR ELECTED OFFICIAL: When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. Bardara CORE

FORM REVISED 10.27.2011			Shelby	Onty Ju	\$.00 Probate,	(INCLUDE FULL NAME)	ביים ביים ביים ביים ביים ביים ביים ביים
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	· <u>i - · · · · · · · · · · · · · · · · · · </u>					 Interest	OF RE
						 Loan Other	ORM
TOTAL RECE						GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN
IPTS THIS PAG						Lending Institution PAC Individual Business Other	RECEIPT SOURCE
						RECEIVED (mo./day/yr.)) }]
						RECEIPT	

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

TORZ い・ elected official CORE

NAME OF CANDIDATE OR ELECTED



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

FORM REVISED 10.27.2011	She	60712000241060 s lby Cnty Judge of 12/2016 08:02:41	of Probate. A		PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
					ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP)	
					Administrative	qRpq
				**************************************	Advertising Consultants/	
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d					Charitable Contribution	
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m					Fundraising	CH CH
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					Transportation	TURE
(PENDITURES THIS F					OTHER GIVE BRIEF EXPLANATION	
AGE					DATE OF EXPENDITURE (mo./day/yr.)	
					EXPENDITURE	