

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Shelby Cnty Judge of Probate, AL 07/25/2016 08:48:28 AM FILED/CERT

Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly **GARY WILLIAM WATERS** Amended Weekly Weekly Office Sought or Held (include district or circuit number, if applicable) MAYOR, CITY of PELHAM For Monthly Reports JULY Month in which the report is filed. P. O. BOX 822 For Weekly Reports Date of Friday in the Telephone Number ZIP Code State City week in which the 35124 PELHAM 2056631641 AL report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) \$984.32 **Cash Contributions** Itemized cash contributions (total from Form 2) Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) 2c **In-Kind Contributions** 3a Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) 4c **Expenditures** Itemized expenditures (total from Form 5) 5a \$50.00 Non-itemized expenditures 5b \$50.00 Total expenditures (add lines 5a and 5b) 5c 5c \$934.32 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) Candidates for State Office: File this report with the Office of the Secretary of State. Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought. Sworn to and subscribed before me this 25th As required by the Alabama Fair Campaign Practices Act, I hereby day of swear or affirm to the best of my knowledge and belief that the of the year ZOLG My commission expires attached report(s) and the information contained herein are true and correct and that this information is a full and complete day of 23 of the year statement of all contributions, expenditures, and other required information during the applicable period of time.

07/25/2016

Date

Signature of Notary Public

Print Notary's Name

FORM REVISED 10.27.2011

Signature of Candidate or Elected Official

TICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

tures by candidate or elected official

E OF CANDIDATE OR ELECTED OFFICIAL: GARY WILLIAM WATERS



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

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PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan	Repayment Lodging	Transportation		OTHER GIVE BRIEF EXPLANATION	EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
CITY of PELHAM	P. O. BOX 1419 PELHAM, AL 35124	×											07/12/2016	\$50.00
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FORM REVISED 10.27.2011						2	A	EXP	PE	END		IRES THIS P	AGE	\$50.00