ONTHLY & WEEKLY



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Shelby Cnty Judge of Probate, AL 08/08/2016 02:27:42 PM FILED/CERT

	Please Print in Ink or Type.				Thema of Done	art fabor	-t-000)
ŧ		itical Party/8	lallot /	Vidiation	Type of Repo	ort (cned Onthly	Amended Monthly
1	FOLLIE C. COST		<u> </u>			-	Amended Weekly
	ce Sought or Held (include district or circuit number, if applicable)				M W		
	MAYOR - MONTEUALLO				For Monthly Month in whice	-	5
Add	leass Check box if reporting new address				report is filed		
5	SIO PINEVIEW RD				For Weekly 1 Date of Frida	•	
City		ephone Nun	nber		week in which	•	8-12-16
N	NONTEVALLO AL 35115				report is filed		
					Total Number Pages in Re		5
S	ummary of activity since last filed report						
4	Beginning balance (ending balance from previous	filina)				1	~ 1 2_
<u> </u>	Cash Contributions	9/				<u> </u>	
	Itemized cash contributions (total from Form 2)		20		7 ~~	7	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	2a		20	-	
	Non-itemized cash contributions		2b	•	\$		
	Total cash contributions (add lines 2a and 2b)					2c	220
 -	In-Kind Contributions						
	Itemized in-kind contributions (total from Form 3)		3a	;	<u>6</u>		
3b	Non-itemized in-kind contributions		3b		Ø		
3с	Total in-kind contributions (add lines 3a and 3b)		3c		0		
	Receipts from Other Sources						
4a	Itemized Receipts from Other Sources (total from F	orm 4)	4a		Ø		
4b	Non-itemized Receipts from Other Sources		4b		2		
4c	Total receipts from other sources (add lines 4a and	d 4b)				4c	9
	Expenditures					<u> </u>	
5a	Itemized expenditures (total from Form 5)		5a	1, (1923		
	Non-itemized expenditures	 -	5b		15		
	Total expenditures (add lines 5a and 5b)					5c	69923
	Ending balance (add lines 1, 2c, & 4c, then subtract	line 5c)		-		6	3777
	ndidates for State Office: File this report with the Office			•			defeate the ending in a greatest .
Ga	ndidates for County or Municipal Office: File this repor	t with the	Jua	ge of Proc	ate of the cou	nty in w	inich the office is sought.
	equired by the Alabama Fair Campaign Practices Act, I hereby			•	ribed before m	_	day of
	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are	CALL	ANU	of the	ne year	2][2	My commission expires
rue	and correct and that this information is a full and complete	the /	11/	/ day	of Amil	of	he year $20/7$.
	ement of all contributions, expenditures, and other required repation during the applicable period of time.		//	7	17/		· · · · · · · · · · · · · · · · · · ·
1				1/2	11 1/2	la	
1	HOUR Cappidate or Elected Official Pola	, <u> </u>		Nolary Pu			
วเลิน	ature of Candidate or Elected Official Date	ı 7	<u> </u>	_ K_	, kans	k.	IVA LEIGH ANN KRU
			<u>- V</u>	~///	LIUMO	/ \ /	IAV FEIGH VIAIA VI

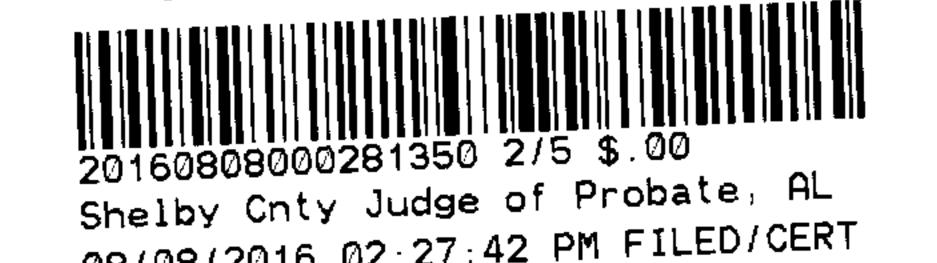
Print Notary's Name

ELECTED OFFICIAL

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & FORM 2: Contributions received by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL: 中のしてして (のらて

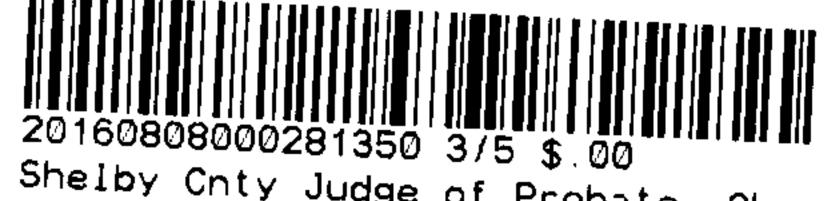
TO NOT 107 in Final Anti-tions on this form I look for those of the first one of the first	When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.	AME OF CANDIDATE OR ELECTED OFFICIAL: FTO 12 12

	IS PAGE	ゴ	SNS			N R	TOTAL CASH CO	
				·				
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
	-	Q Z	ONE)	ECX.	5 S &	Q Fi		



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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPURLIFON CONTINUE OF Elected official NAME OF CANDIDATE OR ELECTED OFFICIAL: 中のしして 医ののでは cash or loans on this form. Use Forms 2 and 4 for those listings.



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

Receipts from ther Sources loans, interest, other sources 악

NAME OF CANDIDATE OR ELECTED OFFICIAL:_ When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source total contributions from the form total contributions 177 from that source to be itemized.

		OF T	FORM	191	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	뀨	RECEIPT (CHEC	ス //	OURCE ONE)	m		
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP)	Interest	Loan	Other	[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	RECEIVED (mo/day/yr.)	RECEIPT
DRM REVISED 10.27.2011				•	TOTAL RECE	EIPT	TS 7	SIHI	S	AG		

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CAMPAIGN FINANCE REPORT CANDIDATE ELECTED OFFICIAL

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

	*ORM REVISED 10.27.2011						PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
							(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP)	
							 Administrative	
							Advertising	
							Consultants/ Polling	
	70						Charitable Contribution	P
	ΔTC						Food	PURPOSE OF EXI
	E						 Fundraising	(CHO SHO
	X						Loan Repayment	CK EX
	MZ						Lodging	E W
	밀						Transportation	DITURE
	EXPENDITURES THIS F						OTHER GIVE BRIEF EXPLANATION	RE .
	PAGE						DATE OF EXPENDITURE (mo./day/yr.)	
							AMOUNT OF EXPENDITURE	
1		j		1				

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