County Division Code: AL040 Inst. # 2016077428 Pages: 1 of 1 I certify this instrument filed on: 8/2/2016 9:44 AM

Doc: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Clerk: NICOLE





FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160819000300070 1/1 \$.00 Shelby Cnty Judge of Probate, AL 08/19/2016 03:34:59 PM FILED/CERT

Please Print in Ink or Type.			
Name of Candidate or Elected Official Par	ty/Ballot Affiliation	Type of Report (ch	
GEORGE VIERCE		Monthly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)	#1		Amended Weekly
Address Check/box if reporting new address	# 4	For Monthly Repor Month in which the	ts
		report is filed.	JULY 16
City State ZiP Code Telephone N	lumbos	For Weekly Report Date of Friday in the	5
VOSTAIN HIUS SU 35016	intinai :	week in which the report is filed.	
100 1300 11 9 100 3 5016		Total Number of	
		Pages in Report	OnE
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous filing)		1	-0 -
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a (3 -	
2b Non-itemized cash contributions	2b —	うっ	
2c Total cash contributions (add lines 2a and 2b)		2c	-0-
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a — O	_	
3b Non-itemized in-kind contributions	3b _ Z	7 -	
3c Total in-kind contributions (add lines 3a and 3b)	3c - C	5 –	
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from Form 4) 4a -	0-	
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 — (3 -	
5b Non-itemized expenditures	5b —	0-	
5c Total expenditures (add lines 5a and 5b)		5c	-0
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c		6	-0-
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 the			which the office is sought.
		bed before me this	
swear or affirm to the best of my knowledge and belief that the			My commission expires
altached report(s) and the information contained herein are true and correct and that this information is a full and complete	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	year	My commission expires
			the year <u>2020</u> .
Information during the applicable period of time.	Winnew	Vie Moo	2 Hotton
Sign	nature of Notary Publ	ic Co	- I WUND
Signature of Candidate or Elected Official Date	Linkenie		La. Lan.
FORM REVISED 10.27.2011 Print	I Noteres Name	S. Dec	TOYTO