

## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160822000302090 1/3 \$.00 Shelby Cnty Judge of Probate, AL 08/22/2016 12:28:11 PM FILED/CERT

08/22/2016 12:28:11 PM 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 Amended Weekly Weekly Office Sought or Held (include district or circuit number, if applicable) For Monthly Reports Month in which the report is filed. LAKE Chelsen Suive For Weekly Reports Date of Friday in the Chelsen Al 35043 Telephone Number City week in which the report is filed. Total Number of Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) Non-itemized cash contributions 2000.00 Total cash contributions (add lines 2a and 2b) In-Kind Contributions Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions Total in-kind contributions (add lines 3a and 3b) 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) 3000.00 Non-itemized expenditures 3000.00 Total expenditures (add lines 5a and 5b) 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. As required by the Alabama Fair Campaign Practices Act, I hereby Sworn to and subscribed before me this day of HUGUST of the year 2016 swear or affirm to the best of my knowledge and belief that the . My commission expires attached report(s) and the information contained herein are of the year 2018 23 day of \_ true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Notary Public

Date

Print Notary's Name

Signature of Candidate or Elected Official



FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REP ORT FOR CANDIDATE Qο

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08/22/2016 12:28:11 PM FILED/CERT FORM REVISED 10.27.2011 PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) INCLUDE STATE, AND ZIP) Administrative Advertising Consultants/ Polling Charitable Contribution PURPOSE OF EXPENDITURE (CHECK ONE) OTAL Food Fundraising EXPENDITURES Loan Repayment Lodging Transportation OTHER III S PAGE XPEND

## FAIR AMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Q٥ Ш ECTED OFFICIAL

## Contrib utions received by candidate or elected official

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FORM REVISED 08/22/2016 12:28:11 PM FILED/CERT (INCLUDE FULL NAME) 5 2011 ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL CASH CONTRIBUTIONS 3 and 4 for those listings **Business** or QF Corporation SOURCE CONTRIBUTION (CHECK ONE) Individual PAC Other THIS Returned PAGE (mo./day/yr.) RECEIVED NTRIBUTION DATE

