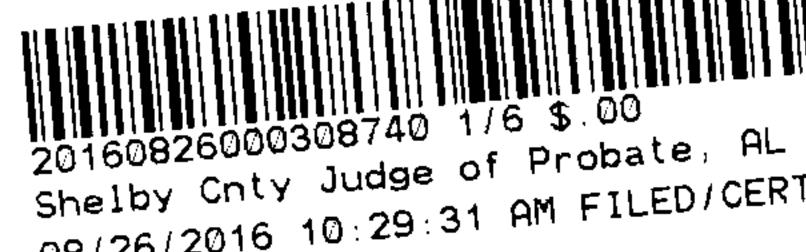
Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Σ	SUMMART FURM 1				20160826000 Shelby Cnt 08/26/2016	Judge 10:29:	of Probate, HL 31 AM FILED/CERT
	Please Print in Ink or Type.						
	<i></i>	al Party/B	allot	Affiliation	Type of Repor	•	
	ce Sought or Held (include district or circuit number, if applicable)	V-PJI	rT	'ON	Mon Wee	•	Amended Monthly Amended Weekly
	13 / 07 of MoNTOVALLO, AL tress Check box if reporting new address	····			For Monthly R Month in which	-	
Auc	iress Crieck box ir reporting new address				report is filed.		
	PO. Box 733				For Weekly Ro Date of Friday	•	,
City	·	hone Num	ber		week in which		8/26/16
	MONTEVALLO AL 35115	<u>-</u>			report is filed. Total Number	of	
					Pages in Repo		
S	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous fil	ling)				1	750.00
<u>'</u>	Cash Contributions						
	Itemized cash contributions (total from Form 2)		2a		0.00]	
	Non-itemized cash contributions		2h		2500		
	Total cash contributions (add lines 2a and 2b)	4	20			20	25 00
	In-Kind Contributions					2c	73.00
<u> </u>	T		<u>, </u>	······································	^ ^	7	
	Itemized in-kind contributions (total from Form 3)		3a	····	0.00		
	Non-itemized in-kind contributions		3b		0.00		
	Total in-kind contributions (add lines 3a and 3b)		3c		0.00		
	Receipts from Other Sources		T	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1	
<u> </u>	Itemized Receipts from Other Sources (total from Fo	rm 4)	4a		0,00		
4b	Non-itemized Receipts from Other Sources		4b		0-00		
4c	Total receipts from other sources (add lines 4a and 4	4b)				4c	0,00
	Expenditures						
5a	Itemized expenditures (total from Form 5)		5a	50	15.00		
5b	Non-itemized expenditures		5b		0,00		
5c	Total expenditures (add lines 5a and 5b)			·····		5c	575.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract lines	ne 5c)				6	270.00
	ndidates for State Office: File this report with the Office of	the Sec	ret	ary of State			
	ndidates for County or Municipal Office: File this report v			Í		ty in wh	nich the office is sought.
Asr	equired by the Alabama Fair Campaign Practices Act, I hereby	Swori	n to	and subsc	ribed before me	this	24 day of
	ar or affirm to the best of my knowledge and belief that the		M	IN of the	e year <u>20/</u>	6	. My commission expires
	ched report(s) and the information contained herein are and correct and that this information is a full and complete	121212 (7	44	- FOLLAND	F	e year <u>20/7</u>
state	ement of all contributions, expenditures, and other required	tne _	<u> </u>	day	or wywo	or th	ie year <u>(XVIII</u> .
_	rmation during the applicable period of time.	1 /		male	15/1), m	
	ar C. Curry gham [5/26/16]	Signal	ure	of Notary Pu			<u></u>
Sign	nature of Candidate or Elected Official Date			Samo	Iva R	R	
				VW V	114 <u>U</u>	100	11 U

Print Notary's Name

Will Not Accept any Cash Contribution One 100.00.

Committee to elect Earl Cunningham Mayor PO Box 733 Montevallo, AL 35115

		miscellani	ous donations
Date	Donor	Amount	Name and addess on file in campaign records.
7/26/10	1	90.00	Name and address on file in campaign records.
7/20/10	2	96.00	Name and address on file in campaign records.
7/28/10	3	90.00	Name and address on file in campaign records.
7/29/16	4	90.00	Name and address on file in campaign records.
8/2/10	5	99.00	Name and address on file in campaign records.
8/4/10	6	U5.00	Name and address on file in campaign records.
8/5/16	7	20.00	Name and address on file in campaign records.
8/5/14	8	60.00	Name and address on file in campaign records.
8/9/16	9	15.00	Name and address on file in campaign records.
9/12/16	10	70.00	Name and address on file in campaign records.
8/19/16	11	95,00	Name and address on file in campaign records.
8)1916	12	95,00	Name and address on file in campaign records.
8/19/16	13	40,00	Name and address on file in campaign records.
8/19/16	14	40.00	Name and address on file in campaign records.
9/22/16	15	95.00	Name and address on file in campaign records.
	16		Name and address on file in campaign records.
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	49		Name and address on file in campaign records.
	50		Name and address on the in campaign records.

Name and address on file in campaign records.

50

AMPAIGN PRACTICES AC CAMPAIGN FINANCE REPORT FOR POLITICAL

Я political action committee

NAME OF POLITICAL ACTION COMMITTEE: AM

When total contributions from a single source exceed \$100.00, the FCPA reactions to the contributions on this form. the FCPA requires all contributions from that source to be itemize

	SPAGE	SIHT	SNC	OIT	BC	TRIB	TOTAL CASH CON	FORM REVISED 9.2.2011
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A OT PIUL								
oate, AL								
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)	(INCLUDE FULL NAME)
		<u>S</u>	CE ONE)	NTRI ECK	⊕ CO %	<u></u>		
		gs.	listing	ose li	#	d 3 for	O NOT LIST cash or in-kind contributions on this form. Use Forms 2 and	D

ALABAMA FAIR CAMPAIGN PRACT TICES AC CAMPAIGN FINANCE REPORT FOR TON

FORM 3: n-Kind received бd 7 olitical CON

NAME OF POLITICAL ACTION COMMITTEE:



m

FORM REVISED (INCLUDE FULL NAME) 9.2.2011 When total contributions from a single STREET DO NOT ADDRESS ADDRESS SHOULD INCLUDE OR P.O. BOX, CITY, STATE, AND ZIP) LIST cash source or in-kind exceed contributions \$100.00, on this Administrative the TOTAL NATURE Advertising CPA form Consultants/ Polling (CHECK ONE) requires N-KIND Use Equipment Forms Food <u>o</u> Rent CONTRIBUTIONS contributions N and Transportation Other ယ ₫ Business/ those from Corporation SOURCE (CHECK ONE) Individual that listings PAC source SIE Other ಠ be PAGE RECEIVE (mo./day/y DATE itemized. RIBUT ONTRIBUTION

ALABAMA FAIR CAMPAIGN PRACT **FICES** CAMPAIGN FINANCE REPORT FOR POLITICAL ACTION COMMITTEE

Receipts from ther Sources loar interest, and other sources

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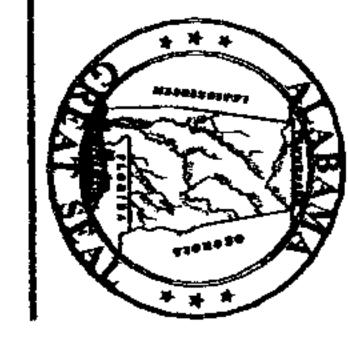
NAME OF POLITICAL ACTION COMMITTEE: When total contributions from a single source exceed \$100.00, the FCPA roughly contributions on this form. exceed \$100.00, the FCPA requires all contributions from that source to be itemize Use Forms 2 and 3 for those listings.

FORM REVISED 9.2.2011								(INCLUDE FULL NAME)	
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ST		. <u> </u>						PAC	CEIPT (CHEC
SIT								Individual Business	SOU
PA								Other	PRCE
G							<u>-</u>	ब्रि 🗷	
								ECEIVED 10./day/yr.)] }
			Shel 08/2	Lu Chty	08740 5/6 Judge of 0:29:31 F	Propare:	ALCERT	RECEIPT	

FINANCE FOR C ANDIDATE

Яd 9 official

NAME OF CANDIDATE OR ELECTE OFFICIAL:



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

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Propare												
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8 75.00	. 8/23/16	Roll		<u></u>								Mis Conwell Dukes
500.00	8/25/16											JIL (JESIP LUNINHABHAM)
EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Repayment	Fundraising Loan	Food	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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