County Division Code: AL040 Inst. # 2016085135 Pages: 1 of 5 I certify this instrument filed on: 8/18/2016 1:37 PM

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

Clerk: SKIPWITHH



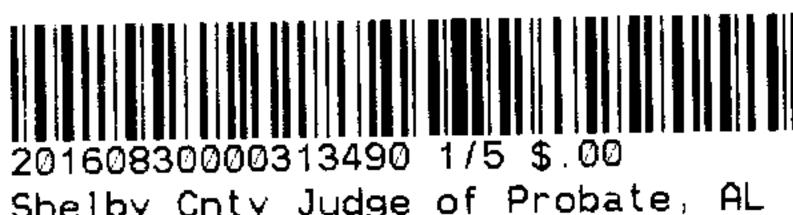
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FORM REVISED 10.27.2011



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



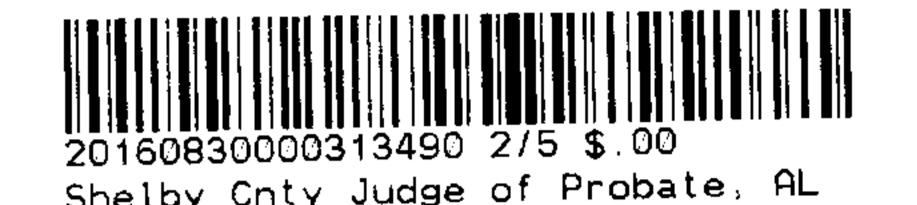
Shelby Cnty Judge of Probate, AL

08/30/2016 10:01:27 AM FILED/CERT Please Print in Ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation Monthly Amended Monthly Amerided Weekly Office Sought of Held (include district or circuit number, if applicable) For Monthly Reports Month in which the Check box if reporting new address report is filed. For Weekly Reports Date of Friday in the Telephone Number ZIP Code week in which the 20/6 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 Total cash contributions (add lines 2a and 2b) In-Kind Contributions Itemized in-kind contributions (total from Form 3) За Non-itemized in-kind contributions 3b 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) Expenditures Itemized expenditures (total from Form 5) Non-itemized expenditures 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. Sworn to and subscribed before me this ____ As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the of the year 20/1 . 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 June of the year 2019 statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Notary Public Late Signature of Candidate or Elected Official

Print Notary's Name

MY COMMISSION EXPIRES

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Shelby Cnty Judge of Probate, AL 08/30/2016 10:01:27 AM FILED/CERT

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

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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When total contribut	tions from a single source exceed \$100.00, the FCPA requires all contrit O NOT LIST in-kind contributions or loans on this form. Use Forms 3 an	oution d 4 f	ns fix or th	om ti ose i	not so isting	ourc 38.	e to be itemized.				
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS	0	FCO	OUR NTRI ECK (BUTI		DATE	AMOUNT			
		Business or Corporation	Business or Corporation Individual		Other		CONTRIBUTION RECEIVED (mo./day/yr.)				
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				-		-					
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FORM REVISED 10.27.2011	TOTAL CASH CONTRIBUTIONS THIS PAGE										

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

FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) AMOUNT DATE **ADDRESS** CONTRIBUTOR CONTRIBUTION OF (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo,/day/yr.)

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

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

FORM 4: Receipts from Other Sources loans, interest, and other sources of income



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

FORM OF RECEIPT OF RECEIPT IS A LOAN

SOURCE OF RECEIPT ADDRESS
(INCLUDE FUIL NAME)

(ADDRESS SHOULD INCLUDE GUARANTORS

When total contributions from that source to be itemized.

COMPLETE THIS BLOCK IF RECEIPT SOURCE (CHECK ONE)

BATTERIOR OF RECEIPT OF RECEIPT SOURCE (CHECK ONE)

BATTERIOR OF RECEIPT SOURCE (CHECK ONE)

(INCLUDE FULL NAME) (ADDRESS SHOU	•	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN			PT SI ECK (Œ	DATE	AMOUNT
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	RECEIVE (mo./day/y			OF OF
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FORM REVISED 10.27.2011		<u></u>	<u> </u>	<u>.</u>	TOTAL REC	L EIP	TS	TH	S F	ΆG	E	

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NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

FORM 5: Expenditures by candidate or elected official



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) AMOUNT DATE OF ADDRESS PERSON/GROUP/BUSINESS OTHER OF EXPENDITURE (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) GIVE (INCLUDE FULL NAME) BRIEF EXPLANATION TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011