County Division Code: AL040 Inst. # 2017032725 Pages: 1 of 2 I certify this instrument filed on: 4/3/2017 2:31 PM

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

Clerk: NICOLE

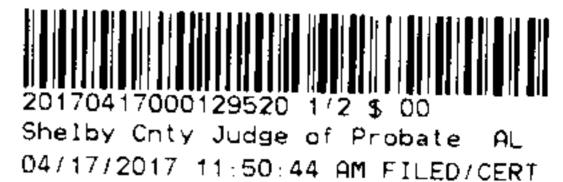
MONTHLY & WEEK!

Print Form

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Bailot Affiliation **PMonthly** Amended Monthly Democrat ernandez Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) Birmucham For Monthly Reports Month in which the 35 205 Check box if reporting new address report is filed. 2721- HomoveKuche Bhom For Weekly Reports Date of Friday in the 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 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 3c Total in-kind contributions (add lines 3a and 3b) Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a 4b Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) 4c Expenditures Itemized expenditures (total from Form 5) 5b 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: Fire this report with the Office of the Secretary of State. Candidates for County or Municipal Office: Fite 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, Thereby swear or affirm to the best of my knowledge and belief that the April of the year 20 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 statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Notary Public Signature of Candidate or Blected Official Date

Print Notary's Name

FORM REVISED 10.27.2011

County Division Code: AL040 Inst. # 2017032725 Pages: 2 of 2

Shelby Cnty Judge of Probate AL 04/17/2017 11:50:44 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: FRINANDEZ Sims Brother Sims



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.								
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)				ON	DATE	4 5401 1107
		Business or Corporation	Individual	PAC	Offher	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
Fernadez Artogasma	POB. 4 993 Branglan AL. 35207		2				03/30/17	70
Jossie Bersitz	Cobl7: Brussells Ctrue Bhom Al 35212		V	L			4-2-17	50
UNKNOWN	NA		ν				4-2-67	25
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- -								
<u> </u>								
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ORM REVISED 10.27.2011	TOTAL CASH CONTRIBUTIONS THIS PAGE							145