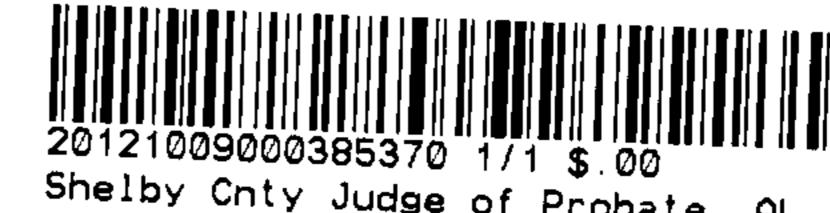
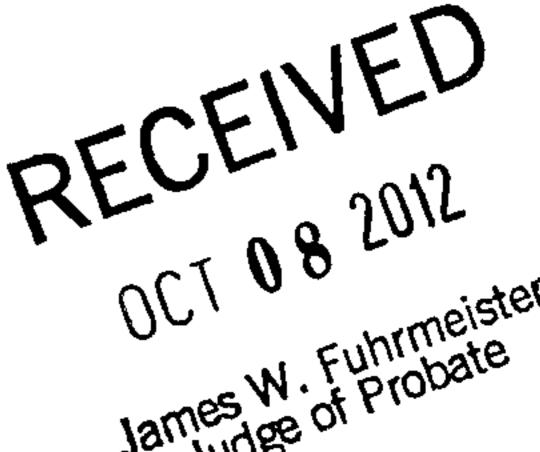


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FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA



R OFFICIAL USE ONLY



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type. Tame of Candidate or Elected Official	olitical Party Ballet Affination	Type of Report (check one)	
TAUL Courson		Monthly	
Office Sought or Held (include district or circuit number, if applicable)		For Monthly Rep	
Address Check box if reporting new address	(T	Month in which the	1
DN P. OI.		report is filed For Weekly Report	rts
State ZiP Code - Telephone Number		Date of Friday in t week in which the	he 1.1.10
Leeds My		report is filed. Total Number of	· · · · · · · · · · · · · · · · · · ·
		Pages in Report	
Summary of activity since last filed report			
1 Beginning balance (ending balance from previou	s filing)		100
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a	· · · · · · · · · · · · · · · · · · ·	
2b Non-itemized cash contributions	2b	· · · · · · · · · · · · · · · · · · ·	
2c Total cash contributions (add lines 2a and 2b)	· · · · · · ·	2	.'C
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)) 3a		
3b Non-itemized in-kind contributions	3b		
3c Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from	1 Form 4) 4a		
4b Non-itemized Receipts from Other Sources	4b		
4c Total receipts from other sources (add lines 4a a	ınd 4b)	4	c
Expenditures			
5a Itemized expenditures (total from Form 5)	5a		
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)			5c <i>O</i>
6 Ending balance (add lines 1, 2c, & 4c, then subtra	ct line 5c)		6 800.
Candidates for State Office: File this report with the Office		ate.	
Candidates for County or Municipal Office: File this rep	port with the Judge of Pr	obate of the county	in which the office is sough
As required by the Alabama Fair Campaign Practices Act. I here	by Sworn to and sub	scribed before me t	his day of
swear or affirm to the best of my knowledge and belief that t	the Sypt of	f the year <u>JQ</u> ,	of the year 2014
attached report(s) and the information contained herein a true and correct and that this information is a full and comple	ete the 85 d	nof JAM'a	Wither SA 2014
statement of all contributions expenditures, and other requir	red Trice	SZ	
information during the applicable period of time		and.	WOOTABY, =
Jave Justan 9-14-1	Signature of Notary	Public	A Distance in E
Signature of Candidate or Elected Official Date		m Bai	グルチングミ

Print Notary's Name