

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1 Shelby Cnty Judge of Probate, AL 05/13/2014 08:38:15 AM FILED/CERT

	Please Print in Ink or Type.							
Nan	ne of Candidate or Elected Official	Political Party/	Ballot Affiliat	ion	Type of Repor	•	•	
	ay Kipling (Kip) Cole ce Sought or Held (include district or circuit number, if applicable)	Republ	<u>lcan</u>		Mon X Wee	•	Amended Monthly Amended Weekly	
	heriff Shelby County ress Check box if reporting new address	<u> </u>	•	•	For Monthly R Month in which report is filed.	•		
City			mber		For Weekly Re Date of Friday i week in which t report is filed.	n the	May 9, 2014	
HC	oover, Alabama 35244				Total Number Pages in Repo		5	_
S	ummary of activity since last filed report							
1	Beginning balance (ending balance from previo	ous filing)				1 \$	51,895.76	
	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)			•		2c	\$0	
	In-Kind Contributions	· · · · · · · · · · · · · · · · · · ·						

Itemized in-kind contributions (total from Form 3) \$100.00 Non-itemized in-kind contributions \$0 Total in-kind contributions (add lines 3a and 3b) \$0 **Receipts from Other Sources** Itemized Receipts from Other Sources (total from Form 4) 4a \$0 Non-itemized Receipts from Other Sources \$0 Total receipts from other sources (add lines 4a and 4b) 4c \$100.00 **Expenditures** Itemized expenditures (total from Form 5) \$2,515.86 Non-itemized expenditures 5b \$0 Total expenditures (add lines 5a and 5b) \$2,515.86 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) \$49,479.90

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
swear or affirm to the best of my knowledge and belief that the
attached report(s) and the information contained herein are
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.

09 May 2014 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 9th day of
My commission expires
the 27th day of OCt. of the year 2017
Cathoring L. Harbet
Signature of Notary Public
Catherine J. Nartsell
Print Notary's Name

ALABAMA FAIR **AMPAIGN PRAC** TICES ACT - CAMPAIGN FINANCE REPORT FOR ANDIDATE Qο ELECTED OFFICIAL

の R Z Contributions received by candidate or elected official

AME 읶 CANDIDATE OR R ELECTED OFFICIAL: Ray Kipling (Kip) Co



FORM REVISED 20140513000143390 2/5 \$.00 Shelby Cnty Judge of Probate, AL 05/13/2014 08:38:15 AM FILED/CERT (INCLUDE FULL NAME) 9.2.2011 When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from a single source exceed \$100.00, the FCPA requires all contributions or loans on this form. Use Forms DO NOT LIST in-kind contributions or loans on this form. ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL ${f O}$ **>** SI all contributions CONTRIBUTIONS ယ and Business or 4 for those listings. 유 Corporation SOURCE: CONTRIBUTION (CHECK ONE) Individual from PAC that Other source THIS Returned ð ONTRIBUTIO RECEIVED (mo./day/yr.) be PAGE itemized.

AMPAIGN TICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

Contributions received by candidate or elected official

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ATE OR ELECTED OFFICIAL: Ray Kipling (Kip) Cole

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.

\$100.00	THIS PAGE	SNOITA	ITRIB	ON ON	ND C			ΔTC	10		FORM REVISED 9.2.2011
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\$100.00	5-3-2014		×					' '		35022 2764 Piedmont Dr. Helena, Al.	Reality Homes
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Corporation Individual PAC	Other Business/ Corporation	Transportation	Rent	Equipment Food	Consultants/ Polling	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		SOURCE (CHECK ONE)	2	NOILO	NTRIB(CHECK C	교	NATO			
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ALABAMA FAIR AMPAIGN PRACT TICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

Receipts from Other Sources loans, interest, and other sources of 3.

ME OF CANDIDATE OR ELECTED OFFICIAL: Ray Kipling (Kip) Cole

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.

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RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		C	NE)	T SO	(CHE)	ᇛ	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RM	F RE		
					G						

20140513000143390 5. /5

ABAMA **AMPAIGN** PRAC TICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

itures by candidate or elected official Cole

ANDIDA H OR R **FED OFFICIAL:** Ray Kipling (Kip)



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

\$2,515.86	AGE	TURES THIS P	(PENDI	LEX	ATC	7) TI
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\$ 116.31	5-11-2014	Sign Frames					×		2100 Valleydale Rd. Hoover, Al.	Lowe's
\$ 50.33	5-08-2014	Advertising					×		Menlo Park, California	Facebook
\$ 27.22	5-06-2014	Advertising				-	×		Menlo Park, California	Facebook
\$2,322.00	5-05-14	Signs					×		911 Haddington Dale Parc Pelham, Al. 35124	23 Design
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Repayment Lodging Transportation	Fundraising Loan	Food	Contribution	Advertising Consultants/ Polling	Advortising	ADDRESS RESS SHOULD INCLUDE 20. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		URE	EXPENDITURE K ONE)	E OF	PURPOS	P				