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Candidate & Elected Official Campaign Finance Report 包 SUMMARY FORM 1

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Judge of Probate

Shelby Cnty Judge of Probate, AL 06/12/2014 11:04:05 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 LED USLICITU Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) NSCFD TRUSTEE Putter For Monthly Reports Month in which the Check box if reporting new address report is filed. For Weekly Reports Date of Friday in the City State ZIP Code Telephone Number 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) 0.00 **Cash Contributions** Itemized cash contributions (total from Form 2) 2a 2a Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) 2c 0.00 In-Kind Contributions Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions Total in-kind contributions (add lines 3a and 3b) 3c 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) 0.00 4c Expenditures Itemized expenditures (total from Form 5) 5a 5b Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) 5c Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 0.00 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

Sworn to and subscribed before me this

3040 swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are of the year . My commission expires true and correct and that this information is a full and complete day of DPCANP of the year the statement of all contributions, expenditures, and other required information during the applicable period of time.

> Glenda Jones My Commission Expires

Signature of Candidate or Elected Official

FORM REVISED 10.27.2011

5-30-14

Date

12/7/15

Signature of Notary Public Print Notary's Name

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: 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. SOURCE OF CONTRIBUTION (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE AMOUNT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.)

FORM REVISED 10.27.2011

20140612000177670 2/5 \$.00

TOTAL CASH CONTRIBUTIONS THIS PAGE

0.00

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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:

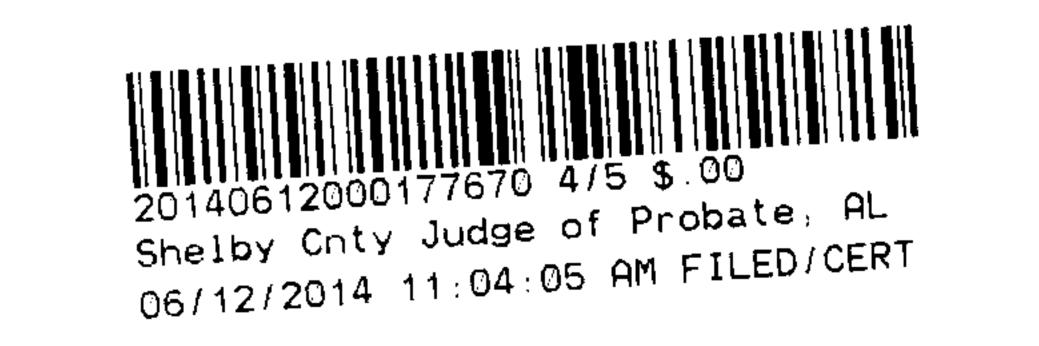
When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE AMOUNT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE Other Business/ Corporation Individual CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

> 20140612000177670 3/5 \$.00 20140612000177670 3/5 \$.00 Shelby Cnty Judge of Probate, AL 06/12/2014 11:04:05 AM FILED/CERT

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

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECEIPT SOURCE (CHECK ONE)					DATE	ABECLINIT
		Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
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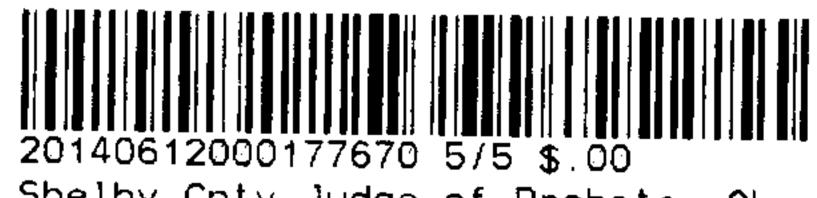


ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL: KENNETH.



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) PERSON/GROUP/BUSINESS **ADDRESS** DATE OF **AMOUNT** Transportation OTHER (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE EXPENDITURE OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) (INCLUDE FULL NAME) GIVE (mo./day/yr.) EXPENDITURE BRIEF **EXPLANATION** 0.00 TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011



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