08/29/2014 03:37:08 PM FILED/CERT

**Print Form** 

CIAL USE ONLY

## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

	Please Print in Ink or Type.				
	Office Sought or Held (include district or circuit number, if applicable)		Monthly  Weekly  For Monthly Reports  Month in which the report is filed.  For Weekly Reports  Date of Friday in the		one)  Cone Amended Monthly  Cone Amended Weekly
SUPERINTENDENT - SHECBY COUNTY  Address Check box if reporting new address  534 CACOWEU MILL CREE  City State ZIP Code Telephone Num  BIRMINGHAM AT 3042		mber			AUGUST
			report is filed.  Total Number of  Pages in Report		
S	ummary of activity since last filed report		·		
1	Beginning balance (ending balance from previous filing)	-			
<b></b>	Cash Contributions		·	7	
	Itemized cash contributions (total from Form 2)	2a			•
	Non-itemized cash contributions	2b			······································
ļ	Total cash contributions (add lines 2a and 2b)			2c	
ļ <del>-</del>	In-Kind Contributions	<u> </u>	<del></del>	<b>-</b>	
<b>}</b>	Itemized in-kind contributions (total from Form 3)	3a			
	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 Form 4)	4a			
4b	Non-itemized Receipts from Other Sources	4b			
4c	Total receipts from other sources (add lines 4a and 4b)	- :		4c	0
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		]	
5b	Non-itemized expenditures	5b	<u></u> -		
5c	Total expenditures (add lines 5a and 5b)		· · · · · · · · · · · · · · · · · · ·	5c	0
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	<u></u>		6	0
Cai	ndidates for State Office: File this report with the Office of the Se	ecretary 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.

Signature of Cand date or Elected Official

Date

7070 Sworn to and subscribed before me this day of Male of the year M My commission expires MY COMMISSION EXPIRES FEBRUARY 22, 2016 the Signature of Notary Public Print Notary's Name