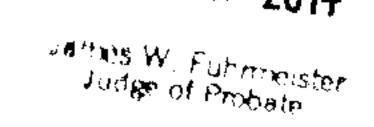
FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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		Please Print in Ink	or Type.	09/02/	2014	12:52:48 PI	1 FILED/CERT					
Name of Candidate or Elected Official Political Party/E					Affiliation	Type of Report Mont	`	•	nended N	∕lonthly		
Don Armstrong Republic			can —		✓ Weekly		L1	Amended Weekly				
Office Sought or Held (include district or circuit number, if applicable) Shelby County Property Tax Commissioner						For Monthly Report Month in which the			LI	August		
Address Check box if reporting new address							report is filed.				, t	
3066 Hwy 55							For Weekly Re Date of Friday i	-				
City Wilson	ville	State ZIP Code Telephone Nur AL 35186			mber		week in which t report is filed.					
						Total Number of Pages in Report			1			
Summa	ary of activity si	nce last filed	report									
1 Begi	nning balance (en	ding balance	from previo	us filing)				1			\$6.68	
Cash	Contributions					:. 			: : : . : .		ar a ingali Li	
2a Itemi	zed cash contribu	tions (total fro	m Form 2)		2a		\$0.00			· ··.·	orani orani Dila da official del Proposition	
2b Non-	itemized cash cor	tributions			2b		\$0.00					
2c Total cash contributions (add lines 2a and 2b)								2c			\$0.00	
In-Kir	nd Contributions							.: .: 		• . • . • .		
3a Itemized in-kind contributions (total from Form 3)					3a		\$0.00			. ;		
3b Non-itemized in-kind contributions					3b		\$0.00		 . : .			
3c Total in-kind contributions (add lines 3a and 3b)				3с		\$0.00			· · · · · · · · · · · · · · · · · · ·			
Receipts from Other Sources									· . · . :.			
4a Itemized Receipts from Other Sources (total from Form 4)					4a		\$0.00					
4b Non-	b Non-itemized Receipts from Other Sources				4b		\$0.00					
4c Total receipts from other sources (add lines 4a and 4b)								4c			\$0.00	
Expenditures								:: ::				
5a Itemized expenditures (total from Form 5)				5a	<u></u>	\$0.00		·		·		
5b Non-	itemized expendit	ures			5b		\$0.00		•			
5c Total	expenditures (ad	d lines 5a and	5b)					5c			\$0.00	
6 Endi	ng balance (add lin	es 1, 2c, & 4c,	then subtra	act line 5c)			· .	6			\$6.68	
Candidat	es for State Office:	File this report	with the Off	ice of the Se	ecreta	ary of State						
	es for County or M							ty in v	vhich the	office is	s sought.	
swear or a attached rule and constatement	firm to the best of meport(s) and the information of all contributions, end that this in during the applicable	y knowledge ar formation contaction is a function is a function is a function is an expenditures, an	nd belief that ined herein ull and compl d other requi	the Seare———————————————————————————————————		nber of the	ibed before me 2014 e year November	<u>-</u>	2nd My con the year	uc	ay of n expires	
Signature of Candidate or Elected Official 9/02/2014 Signature of Candidate or Elected Official 9/02/2014 Signature of Candidate or Elected Official Date						of Notary Pub	lic	\	刀状个	<u> </u>		

Deborah A. Smith

Print Notary's Name