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MONTHLY & WEEKLY


FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160105000003060 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 01/05/2016 07:58:25 AM FILED/CERT

 RECEIVED
 JAN 04 2016
 JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Eugene G. Rowley		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) County Commission District 4			
Address ☐ Check box if reporting new address P.O. Box 1447			
City Alabaster	State AL	ZIP Code 35007	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly
☐ Weekly
☐ Amended Monthly
☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

December 2015

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

5**Summary of activity since last filed report**

1	Beginning balance (ending balance from previous filing)		1	3131.68
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	310.00	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	310.00	
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 Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	2,872.02	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	2,872.02	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	569.66	

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.

 Signature of Candidate or Elected Official
[Signature]

 Date
1/4/15

 Sworn to and subscribed before me this **4th** day of **Jan** of the year **2016**. My commission expires the **13** day of **June** of the year **2017**.

 Signature of Notary Public
[Signature]

 Print Notary's Name
Ramsey Bourassa



FORM 2: Contributions received by candidate or elected official

Eugene G. Rowley

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
Sarah S. Barbour	3012 Lisa Lane Fultondale, AL 35065						12/1/2015	10.00
Aquatic Gardens & Fountains	5485 Highway 280, Suite B Birmingham, AL 35242						12/2/2015	150.00
Mark Grisham	221 Lane Park Circle Maylene, AL 35114						12/18/2015	100.00
Robert Van Loan	1474 Secretariat Drive Helena, AL 35080						12/18/2015	50.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								310.00



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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)									SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other			

