Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1





Please Print in Ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation Amended Monthly Monthly REPUBLICAN Amended Weekly Weekly Office Sought or Held (include district or circuit number, if applicable) COMNISSION DISTRICT For Monthly Reports Month in which the Address Check box if reporting new address report is filed. For Weekly Reports Date of Friday in the Telephone Number ZIP Code City week in which the 35051 report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** 2a Itemized cash contributions (total from Form 2) Non-itemized cash contributions 2b Total cash contributions (add lines 2a and 2b) 2c **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 Itemized Receipts from Other Sources (total from Form 4) 4a |4b| Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) Expenditures 5a Itemized expenditures (total from Form 5) 5a 5b Non-itemized expenditures |5b| Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 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. Sworn to and subscribed before me this _ As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the Qu'un lugof the year 30 6 . My commission expires attached report(s) and the information contained herein are ag of Moule of the year 2017 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 Notary Public Signature of Candidate or Elected Official

Print Notary's Name

FORM REVISED 10.27.2011

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

FORM 2: Contributions received by candidate or elected official



	ons from a single source exceed \$100.00, the FCPA requires all contrib NOT LIST in-kind contributions or loans on this form. Use Forms 3 and						e to be itemized.			
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CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION		
FORM REVISED 10.27.2011	TOTAL CASH CONTRIBUTIONS THIS PAGE									



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

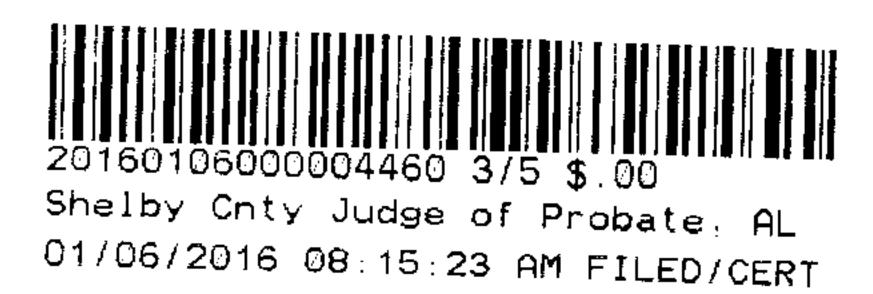
FORM 3: In-Kind Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: _

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When to	tal contributions from a single source exceed \$100.0 DO NOT LIST cash or loans on this	s for	m. L	Jse F	orm	s 2 a	and 4	4 for	thos	e lis	tings	5.		e to be itemized.	_
CONTRIBUTOR (INCLUDE FULL NAME) STE	ADDRESS	NATURE OF CONTRIBUTION (CHECK ONE)									SOU CHEC			DATE	AMOUNT
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	CONTRIBUTION RECEIVED (mo./day/yr.)	
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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

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

SOURCE OF RECEIRT	A DDECC		FORI REC	M EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R	ECEI (CH	PT S ECK				ABCOLINIT
SOURCE OF RECEIPT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution PAC Business Other Other				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

FORM REVISED 10.27.2011

NAME OF CANDIDATE OR ELECTED OFFICIAL:	1 opun	E/li/



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

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