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

Please Print in Ink or Type.			Type of Report	(check	one)
I Name of Candidate of Elected Ottion	Political Party/Ballot	1	Month		Amended Monthly
	REPUBL	1C4N	₩ Week	ly	Amended Weekly
ors - Courbs or Hold (include district or circuit number, if applicable)	Demo	- 1	For Monthly Re	ports	
Shelly County Counts Counts Address Check box if reporting new address	VISIJEIC		Month in which to report is filed.		Feb
PO. 130x 1177			For Weekly Rep	_	
State ZIP Code	Telephone Number	1	Date of Friday in week in which the		
Columbiana AL 35051	205-669	-1863	report is filed.		
COTOTOTO	<u> </u>		Total Number of Pages in Repo		5
Summary of activity since last filed report				1	415 45
1 Beginning balance (ending balance from previo	us filing)			<u> </u>	717:10
Cash Contributions			ar		
2a Itemized cash contributions (total from Form 2)	2a		0		1
2b Non-itemized cash contributions	2tc	<u> </u>	H	0.1	
2c Total cash contributions (add lines 2a and 2b)				2c	
In-Kind Contributions				1	
3a Itemized in-kind contributions (total from Form	3) 32	<u> </u>	1		
3b Non-itemized in-kind contributions	3t	<u> </u>			
3c Total in-kind contributions (add lines 3a and 3b) 30	<u> </u>			
Receipts from Other Sources		<u></u>		l	
4a Itemized Receipts from Other Sources (total from	m Form 4) 4:	a		ļ	
4b Non-itemized Receipts from Other Sources	4	b		 	
4c Total receipts from other sources (add lines 4a	and 4b)			4c	
Expenditures		<u></u>		ר	
5a Itemized expenditures (total from Form 5)	5	a 2	4.00	_	
5b Non-itemized expenditures	5	b	2	<u> </u>	
5c Total expenditures (add lines 5a and 5b)				5c	24.00
6 Ending balance (add lines 1, 2c, & 4c, then subt	ract line 5c)		<u> </u>	6	591.67
a will be for State Office: Elethis report with the O	ffice of the Secr	etary of Stat	2		
Candidates for State Office. The this recondidates for County or Municipal Office: File this re	report with the J	udge of Prot	pate or the conn	ty in w	high the office is sought.
As required by the Alabama Fair Campaign Practices Act, I he	ereby Swom	to and subso	cribed before me	this _	day of
swear or affirm to the best of my knowledge and belief that	at the	ANN of th	ne vear 201	6	My commission expires
attached report(s) and the information contained herein true and correct and that this information is a full and com	1 410 //	14 day	of Marc	L of th	ne year <u>2017</u> .
statement of all contributions, expenditures, and other req	uired the				
information during the applicable period of time.	. (Ella.	م	
	Signatu	re of Notacy Pu	blic		
Signature of Candidate or Elected Official Date		Ndi	Glas	S	
	اکےکا Print N	otary's Name	<u> </u>		

FORM REVISED 10.27.2011



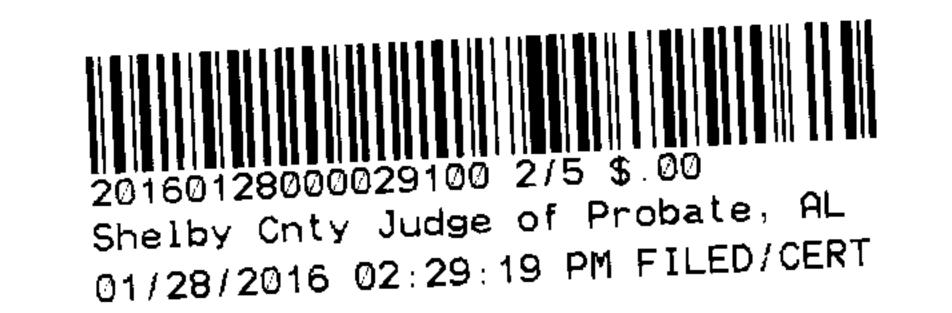
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official



When total contribution	s from a single source exceed \$100.00, the FCPA requires all o	contribution	is fro	om th	at so	ource as	e to be itemized.		
DO N	OT LIST in-kind contributions or loans on this form. Use Forms		SO COI	OURO NTRII ECK (CE BUTI	ION		ARECLIN	
(INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Business or Corporation Individual		PAC Other Returned		DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUN OF CONTRIBU	
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

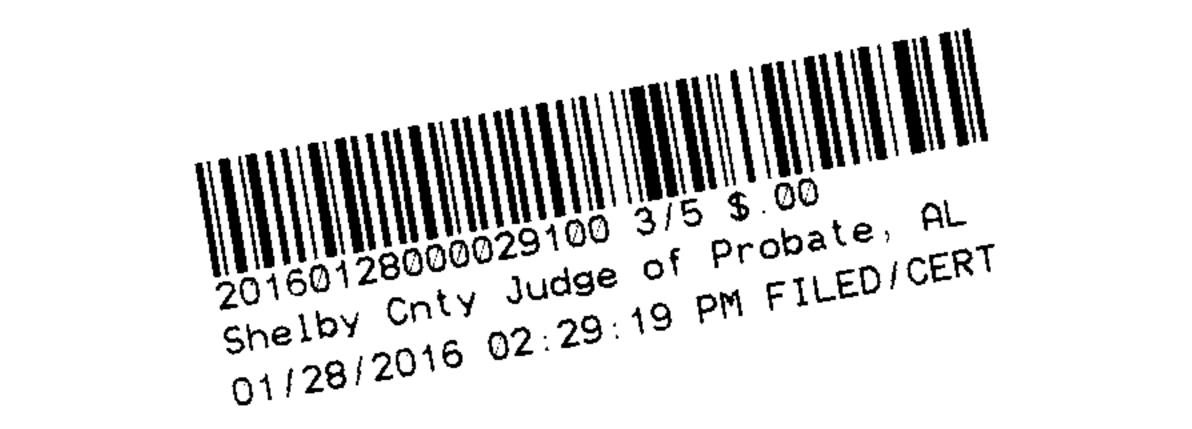
FORM 3: In-Kind Contributions received by candidate or elected official



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.

		NATURE OF CONTRIBUTION (CHECK ONE)										JRCE CK ON			
(INCLUDE FULL NAME)	ADDRESS (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.)	AMOUNT OF CONTRIBUTION
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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 (

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.

			FORM RECI	A EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	Ri	ECEI (CH	PT S				ARGUNIT
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (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]	RECEI		RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT			
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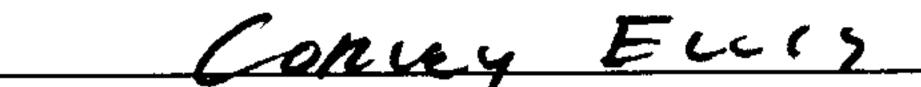
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

FORM REVISED 10.27.2011





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 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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