FORM REVISED 10.27.2011



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



Please Print in Ink or Type.	Shelb 02/01	y Cnt /2016	y Judge 0 3 01:43:04	f Probate, AL PM FILED/CERT		Tobale ter
Name of Candidate or Elected Official	Political Party/I			Type of Repor		one)
THOMAS DALE NEWENDONF	N/	A		Mor	thly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)	······································			Wee	kly	Amended Weekly
MAYOR OF CHELSEA	,, <u>.</u>			For Monthly F Month in which	•	
Address Check box if reporting new address				report is filed.	i uiç	JAN 2016
P.O. Box 293				For Weekly ReDate of Friday	-	
City State ZIP Code	Telephone Nur	nber		week in which		
CHELSEA 35043		· , · .		report is filed.  Total Number	of	
				Pages in Rep		3
Summary of activity since last filed report						
1 Beginning balance (ending balance from previ	ous filing)				1	1385.52
Cash Contributions						
2a Itemized cash contributions (total from Form 2	)	2a	1.0	00.60		
2b Non-itemized cash contributions		2b		)		
2c Total cash contributions (add lines 2a and 2b)					2c	1000-00
In-Kind Contributions						
3a Itemized in-kind contributions (total from Form	3)	3a	· E	> ~		
3b Non-itemized in-kind contributions		3b	· - E	> —		
3c Total in-kind contributions (add lines 3a and 3b	<b>)</b>	3c	·- E	)		
Receipts from Other Sources					<del></del> -	
4a Itemized Receipts from Other Sources (total from	om Form 4)	4a	O			
4b Non-itemized Receipts from Other Sources		4b	~ C			
4c Total receipts from other sources (add lines 4a	and 4b)				4c	· C -
Expenditures						
5a Itemized expenditures (total from Form 5)		5a	22	6.97		
5b Non-itemized expenditures		5b	C	)		
5c Total expenditures (add lines 5a and 5b)					5c	226.97
6 Ending balance (add lines 1, 2c, & 4c, then subt	ract line 5c)			<del></del>	6	2158.55
Candidates for State Office: File this report with the Office	ffice of the Se	creta	ary of State			
Candidates for County or Municipal Office: File this r	eport with the	Jude	ge of Prob	ate of the coun	ty in wh	nich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I he	reby Swo	rn to	and subsc	ribed before me	this _	day of
swear or affirm to the best of my knowledge and belief tha attached report(s) and the information contained herein		2	of th	e year	<u>Q</u> .	My commission expires
true and correct and that this information is a full and comp	plete the		day	of 19	of th	$_{e  year} 201$
statement of all contributions, expenditures, and other requires information during the applicable period of time.	uired		(	<u> </u>	······································	^ <u></u>
	11.	4	SMO	Ca C	lle	JY C
Signature of Candidate or Elected Official Date	Signa Signa	ature o	Notary Put	olic ( )		1 1
	1	MY	2/1/1			THE

Print Notary's Name

#### ALABAMA FAIR CAMPAIGN PRAC TICES AC CAMPAIGN FINANCE REPORT FOR ANDIDA H 20 TED OFFICIAL

### FORM 5: Expendi P S candidate 0 fficial

NAME OF CANDIDATE OR ELECT OFFICIAL:

When total expenditure

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single

recipient

exceed

\$100.00,

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requires

<u>a</u>

expenditures

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that

recipient

be

itemized



FORM REVISED 9.2.2011 VISTA PRINT PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) さらない STREET (ADDRESS SHOULD II AND ZIP) なり Administrative Advertising Consultants/ Polling Contribution PURPOSE OF EXPENDITURE (CHECK ONE) Food Z Fundraising EXPENDITURES Loan Repayment Lodging Transportation GIVE BRIEF (PLANATION OTHER 出い PAGE EXPENDIT EXPENDITURE

20160201000032460 2/3 \$.00 Shelby Cnty Judge of Probate, AL 02/01/2016 01:43:04 PM FILED/CERT

## ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED OFFICIAL

# Contributions received by candidate 9 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 in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. Homas DAIS NEWENSORF



	7,000.00	SPAGE	I	SNO		R.B.	TOTAL CASH CONT	FORM REVISED 9.2.2011
Shelby 02/01/3	2016020							
Cnty Jud 2016 01:4	010000324 Cnty Juc							
43:04 PM	60 3/3 \$							
FILED/C	.00 obate,							
ERT "								
•								
i	B/aco.cc	1/11/1/6			<u> </u>		SI CROSSBROOK CIRCLE CHEUSET, AL 35043	THOMAS EARE NEUENBORF
	CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	PAC Other	Individual	Business or Corporation	(ADDRESS SHOULD) TREET OR P.O. BOX, CITY,	(INCLUDE FULL NAME)
•			NOIL	JRCE RIBUT	SOUR CONTR	Q <sub>f</sub>	ADDRESS	