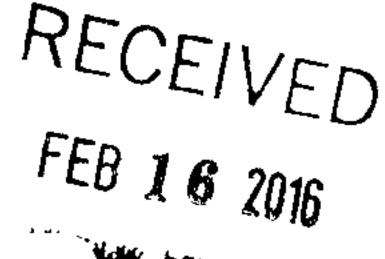


#### Candidate & Elected Official Campaign Finance SUMMARY FORM 1 Campaign Finance Report





Shelby Cnty Judge of Probate: AL 02/16/2016 02:46:53 PM FILED/CERT

| Name of Candidates of flicented Official  Eugene G. Rowley  Republican    Monthly   M  |         | Please Print in Ink or Type.                              |                |              |              |  |              |                                       |
|--|---------|---|----------------|--------------|--------------|--|--------------|---------------------------------------|
| County Commission District 4   Anoreas   Check box if reporting new address   Check box if report is filled   Check box if repor   |         |   | <u> </u>       |              | on           | Type of F                              | • `          | •                                     |
| County Commission District 4 Andress   Check book Preporting new address   P.O. Box 1447    Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   P.O. Box 1447   Check book Preporting new address   Por Weokly Reports   Por Weokly Report   Por Weokly Reports   Por Weokly Report   Por Weokly Report | Eug     | gene G. Rowley  | Republicar     | ]            |              |  | •            |                                       |
| Rodiness Calculate Contributions  Summary of activity since last filed report  1 Beginning balance (ending balance from previous filing)  Cash Contributions  2a Itemized cash contributions (total from Form 2)  2b Non-itemized cash contributions (add lines 2a and 2b)  In-Kind Contributions  3a Itemized in-kind contributions (total from Form 3)  3b Non-itemized in-kind contributions  3c Total in-kind contributions (add lines 3a and 3b)  Receipts from Other Sources  4b Non-itemized Receipts from Other Sources (total from Form 4)  4c Total receipts from other sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5)  5b Non-itemized expenditures  5c Total expenditures (add lines 5a and 5b)  6 Ending balance (add lines 7a, 2a, 4c, then subtract line 5c)  Candidates for State Office: File this report with the Judge of Probate of the year 2017  Summary of activity since Insert Power Pages in Report  February 19, 2016  Februa |         |   |                |              |              | نيكا                                   |              |                                       |
| P.O. Box 1447  City State ZIP Code 205-317-5228    February 19, 2016   February 19, 20 |         |   | · · · ·        | <del></del>  |              |  |              |                                       |
| City Alabaster, AL 35007  Summary of activity since last filed report  Beginning balance (ending balance from previous filing)  Cash Contributions  2 lternized cash contributions (total from Form 2)  2a lternized cash contributions (add lines 2a and 2b)  In-kind Contributions  3a lternized in-kind contributions (total from Form 3)  3b Non-iternized in-kind contributions (add lines 3a and 3b)  Receipts from Other Sources  4a lternized Receipts from Other Sources (total from Form 4) 4a  4b Non-iternized Receipts from Other Sources (total from Form 4)  4b Non-iternized Receipts from Other Sources  4c Total receipts from other sources (add lines 4a and 4b)  Expenditures  5a lternized expenditures (total from Form 5)  5b Non-iternized expenditures (add lines 5a and 5b)  6 Ending balance (add lines 12 c. & 4c, then subtract line 5c)  Candidates for State Office: File this report with the Office of the Secretary of State.  Candidates for State Office: File this report with the budge of Probate of the county in which the office is sought.  Source and correct and that this information or natined herein as full and complete statement of all contributions, expenditures, and other required returned for furnity the application period of time.  Source in which the report is fled.  Total Number of Pages in Report  1   16.47   |         |   |                |              |              | •                                      |              |                                       |
| Alabaster, AL 35007    205-317-5228  |         |   | Tolophono Niur | mbor.        |              |  | •            |                                       |
| Summary of activity since last filed report  1 Beginning balance (ending balance from previous filing)  Cash Contributions 2a Itemized cash contributions (total from Form 2) 2b Non-itemized cash contributions (add lines 2a and 2b)  In-Kind Contributions 3a Itemized in-kind contributions (total from Form 3) 3b Non-itemized in-kind contributions (add lines 3a and 3b)  Receipts from Other Sources 4b Itemized Receipts from Other Sources (total from Form 4) 4c Non-itemized Receipts from Other Sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5) 5b Non-itemized expenditures (total from Form 5) 5c Total expenditures (add lines 5a and 5b) 6 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 State Office: File this report with the Office of the Secretary of State  Candidates for State Office: File this report with the Usege of Probate of the county in which the office is sought.  As required by the Alabama Fair Campaign Practices Act, thereby swear or affirm to the best of my knowledge and belief that the statehed report(s) and the information contained herein are true and correct and that this information contained herein are true and correct and that this information contained herein are true and correct and that this information contained herein are true and correct and that this information contained herein are true and correct and that this information contained herein are true and correct and that this information contained herein are true and correct and that this information contained herein are true and correct and that this information contained herein are true and correct and that this information contained herein are true and correct and that this information contained herein are true and correct and that this information contained herein are true and correct and that this information contained herein are true and correct and that this information is a full  | •       |   | l '            |              |              |  |              | Tebruary 19, 2010                     |
| 1 Beginning balance (ending balance from previous filing)  Cash Contributions 2a Itemized cash contributions (total from Form 2) 2b Non-itemized cash contributions (add lines 2a and 2b) 2c Total cash contributions (add lines 2a and 2b) 2d Total cash contributions (add lines 2a and 2b) 2d Total cash contributions (add lines 2a and 2b) 2d Total cash contributions (add lines 3a and 3b) 2d Itemized in-kind contributions (add lines 3a and 3b) 3d Itemized in-kind contributions (add lines 3a and 3b) 3d Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources 4d Itemized Receipts from Other Sources (total from Form 4) 4d Non-itemized Receipts from Other Sources (add lines 4a and 4b)  Expenditures 5d Itemized expenditures (total from Form 5) 5d Itemized expenditures (add lines 5a and 5b) 6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 5c Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c) 6 Indidates for State Office: File this report with the Office of the Secretary of State.  Candidates for State 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 statched report(s) and the best of my knowledge and belief that the statched report(s) and the best of my knowledge and belief that the statched report(s) and the information contained herein are true and correct and that this information contained herein are true and correct and that this information is a full and complete statement of all contributions.   |         |   |                |              |              |  |              |                                       |
| Cash Contributions 2a Itemized cash contributions (total from Form 2) 2a 2b Non-Itemized cash contributions 2b Non-Itemized cash contributions 2b Non-Itemized cash contributions 2c Total cash contributions (add lines 2a and 2b) 2c 0.00  In-Kind Contributions 3a Itemized in-kind contributions (total from Form 3) 3a 3b Non-Itemized in-kind contributions (add lines 3a and 3b) 3c  Receipts from Other Sources (add lines 3a and 3b) 3c  Receipts from Other Sources (total from Form 4) 4a 4b Non-Itemized Receipts from Other Sources (add lines 4a and 4b) 4c 0.00  Expenditures 5a Itemized expenditures (total from Form 5) 5a 15b Non-Itemized expenditures (add lines 5a and 5b) 5c 0.00  6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 5c 0.00  6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 6 116.47  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 statement of all contributions. expenditures, and other required information, the applicable period of time.  Superfuse 6t Notary Public  Sigpeture 6t Notary Public  | S       | ummary of activity since last filed report                |                |              |              |  |              |                                       |
| Itemized cash contributions (total from Form 2)   2a   2b   Non-itemized cash contributions   2b   2c   Total cash contributions (add lines 2a and 2b)   2c   0.00   | 1       | Beginning balance (ending balance from previo             | ous filing)    |              |              |  | 1            | 116.47                                |
| 2b Non-itemized cash contributions 2c Total cash contributions (add lines 2a and 2b) 2c Total cash contributions 3a Itemized in-kind contributions (total from Form 3) 3b Non-itemized in-kind contributions 3c Total in-kind contributions (add lines 3a and 3b) 3c Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources 4d Itemized Receipts from Other Sources (total from Form 4) 4d Non-itemized Receipts from Other Sources 4d Itemized Receipts from other Sources (add lines 4a and 4b) Expenditures 5a Itemized expenditures (total from Form 5) 5b Non-itemized expenditures (add lines 5a and 5b) 6 Ending balance (add lines 5a and 5b) 6 Ending balance (add lines 5a and 5b) 7 Ending balance (add lines 5a and 5b) 8 Ending balance (add lines 5a and 5b) 9 Ending balance (add lines 5a and 5b) 8 Ending balance (add lines 5a and 5b) 9 Ending balance (add lines 5a and 5b) 9 Ending balance (add lines 5a and 5b) 8 Ending balance (add lines 5a and 5b) 9 Ending balance (add lines 5a and 5b) 9 Ending balance (add lines 5a and 5b) 8 Ending balance (add lines 5a and 5b) 9 Ending balance (add lin |         | Cash Contributions  |                |              |              |  |              |                                       |
| Total cash contributions (add lines 2a and 2b)   2c   0.00   In-Kind Contributions   3a   Itemized in-kind contributions (total from Form 3)   3a   3b   Non-itemized in-kind contributions   3b   3c   Receipts from Other Sources   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   0.00  | 2a      | Itemized cash contributions (total from Form 2)           |                | 2a           |              | · · · · · · · · · · · · · · · · · · ·  |              |                                       |
| In-Kind Contributions  3a Itemized in-kind contributions (total from Form 3) 3a 3a 3b Non-itemized 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 Non-itemized Receipts from Other Sources 4b 4c Total receipts from other sources (add lines 4a and 4b) 4c 0.00 Expenditures  5a Itemized expenditures (total from Form 5) 5a 5b Non-itemized expenditures 5b Non-itemized expenditures 5c Total expenditures (add lines 5a and 5b) 5c 0.00 6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 5c 0.00 6 Indiag balance (add lines 1, 2c, & 4c, then subtract line 5c) 6 Indiag balance (add lines 1, 2c, & 4c, then subtract line 5c | 2b      | Non-itemized cash contributions                           |                | 2b           | ·            | · · · · · · · · · · · · · · · · · · ·  | <del> </del> |                                       |
| 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   0.00   | 2c      | Total cash contributions (add lines 2a and 2b)            |                |              |              |  | 2c           | 0.00                                  |
| Non-itemized in-kind contributions   3b   3c   |         | In-Kind Contributions                                     | <u> </u>       |              |              |  |              |                                       |
| 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)  Expenditures  5a Itemized expenditures (total from Form 5) 5a  5b Non-itemized expenditures (add lines 5a and 5b) 5c Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c) 5c Total expenditures (add lines 5c) 6c Total expenditures (add lines 5c Total e | За      | Itemized in-kind contributions (total from Form 3         | 3)             | 3a           |              |  |              |                                       |
| Receipts from Other Sources  4a Itemized Receipts from Other Sources (total from Form 4) 4a  4b Non-itemized Receipts from Other Sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5) 5a  5b Non-itemized expenditures  5c Total expenditures (add lines 5a and 5b) 5c 0.00  6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 6 116.47  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. 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.  Sigpature of Notary Public  Sigpature of Notary Public   | 3b      | Non-itemized in-kind contributions                        |                | 3b           |              |  |              |                                       |
| Itemized Receipts from Other Sources (total from Form 4)   4a  | 3c      | Total in-kind contributions (add lines 3a and 3b)         | )              | 3c           |              |  |              |                                       |
| Ab   Non-itemized Receipts from Other Sources   4b   |         | Receipts from Other Sources                               |                |              |              |  |              |                                       |
| Total receipts from other sources (add lines 4a and 4b)   Expenditures   | 4a      | Itemized Receipts from Other Sources (total from          | m Form 4)      | 4a           |              |  | !            |                                       |
| Expenditures  5a Itemized expenditures (total from Form 5)  5b Non-itemized expenditures  5c Total expenditures (add lines 5a and 5b)  6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)  6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtract line 5c)  6 Total expenditures (add lines 1, 2c, & 4c, then subtra | 4b      | Non-itemized Receipts from Other Sources                  |                | 4b           |              | ······································ | ·            |                                       |
| Itemized expenditures (total from Form 5)   5a   | 4c      | Total receipts from other sources (add lines 4a           | and 4b)        | •            |              |  | 4c           | 0.00                                  |
| Non-itemized expenditures  5b  Total expenditures (add lines 5a and 5b)  6 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. As required by the Alabama Fair Campaign Practices Act, I hereby sewear 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 Notary Public   |         | Expenditures  |                |              |              |  | <b>L</b>     |                                       |
| 5c Total expenditures (add lines 5a and 5b)  6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)  6 Indiadtes 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.  Sworn to and subscribed before me this 15th day of the year 2016 Niy commission expires the 5th day of 100 sember of the year 2017  | 5a      | Itemized expenditures (total from Form 5)                 |                | 5a           | <del> </del> | <del></del>                            |              |                                       |
| 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. 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.  Sworn to and subscribed before me this 15th day of the year 2016 why commission expires the 5th day of 100 sembles of the year 2017 signature of Notary Public  | 5b      | Non-itemized expenditures                                 | · · · · · ·    | 5b           |              |  |              |                                       |
| 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 brillotary Public  | 5c      | Total expenditures (add lines 5a and 5b)                  | - ···· ·       |              |              |  | 5c           | 0.00                                  |
| 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.  Sworn to and subscribed before me this 15th day of 15th | 6       | Ending balance (add lines 1, 2c, & 4c, then subtra        | act line 5c)   |              |              |  | 6            | 116.47                                |
| 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.  Sworn to and subscribed before me this  | Ca      | ndidates for State Office: File this report with the Off  | ice of the Se  | cretary of   | f State.     |  |              |                                       |
| 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 Notary Public   | Ca      | ndidates for County or Municipal Office: File this re     | eport with the | Judge of     | f Probat     | te of the                              | county in v  | which the office is sought.           |
| 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 Notary Public   Sign | Asr     | equired by the Alabama Fair Campaign Practices Act, I her | eby Swo        | rn to and    | subscrit     | ped befor                              | e me this    | 15th day of                           |
| 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  The sex day of No sex location of the year 2017  Signature of Notary Public  |         |   | the Feb        | (Vily)       | of the       | vear 20                                | 016          | ฟ้ง commission expires                |
| information during the applicable period of time.  Signature of Notary Public  |         |   | lete the       | 5 Fh         | -<br>day of  | r Nasev                                | Mhzc oft     | *10 Vear 7017                         |
| 115/4 Signature of Notary Public   |         |   | ired "'C-      |              | _ uuy u      | /                                      |              |                                       |
|  | II IIOI | mation during the applicable period of time.              |                | 848          | 1/1          |  |              |                                       |
|  | Sing    | nature of Candidate or Elected Official Date              | Sign           | ature of Not | ary Public   | C , ,                                  |              | · · · · · · · · · · · · · · · · · · · |

Steven 5. Andrews

Print Notary's Name

### AMPAIGN PRACTICES ACT -CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο **ELECTED OFFICIAL**

### ontributions received by candidate or elected official

F CANDIDATE OR ELECTED OFFICIAL: Eugene Rowley

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.

|              | IS PAGE                                   | <del>ゴ</del> エ | SNOI         | JT   | ONTRIBL                                  | TOTAL CASH CON   | FORM REVISED 10.27.2011         |
|--------------|---|----------------|--------------|--|--|--|---------------------------------|
|              |   |                |              |  |  |  |                                 |
|              |   |                |              |  |  |  |                                 |
|              |   |                |              | •<br>• • • • • • • • • • • • • • • • • • • |  |  |                                 |
|              |   |                |              |  |  |  | 201<br>Sho                      |
|              |   |                |              |  |  |  | 60216000<br>lby Cnty<br>16/2016 |
|              |   |                |              |  |  |  | Judge o'                        |
|              |   |                |              |  |  |  | f Propate                       |
|              |   |                |              |  |  |  | AL<br>O/CERT                    |
|              |   |                |              |  |  |  |                                 |
| CONTRIBUTION | CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | Returned       | Other        | PAC  | Business or<br>Corporation<br>Individual | (ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | (INCLUDE FULL NAME)             |
| •            |   | Š              | RCE<br>(ONE) | SOUR<br>ONTR                               | <del>۱</del> کو در                       |  |                                 |



## **ABAMA FAIR C** AMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

## **Mind** Contributions received by candidate or elected official

CANDIDATE OR ELECT ED OFFICIAL: Eugene Rowley

NAME OF

|              | IS PAGE                                   | I     | Š                     | O          | <b>BU</b>                | RB                   | Ž              | 2          | ND                | <del> </del> |            | Ā                           | To             |   | FORM REVISED 10.27.2011    |
|--------------|---|-------|-----------------------|------------|--------------------------|----------------------|----------------|------------|-------------------|--------------|------------|-----------------------------|----------------|---|----------------------------|
|              |   |       |                       |            |                          |                      |                |            |                   |              |            |                             | <u> </u>       |   |                            |
|              |   |       |                       |            |                          | <u></u>              |                |            |                   |              |            |                             | <u> </u>       |   |                            |
|              |   |       |                       |            |                          |                      |                |            |                   | <u> </u>     |            |                             |                |   |                            |
|              |   |       |                       |            |                          |                      |                |            |                   |              |            |                             |                |   |                            |
|              |   |       |                       |            |                          |                      |                |            |                   | <u> </u>     |            |                             |                |   | Shelby (                   |
|              |   |       |                       |            |                          |                      |                |            |                   |              |            |                             | <u></u>        |   | Crty Judg                  |
|              |   |       |                       |            |                          |                      |                |            |                   | <u> </u>     |            |                             |                |   | 70 3/5 \$.ge of Pro        |
|              |   |       |                       |            |                          |                      |                |            |                   |              |            |                             |                |   | oo<br>bate, AL<br>ILED/CER |
|              |   |       |                       |            |                          |                      |                |            |                   | <u></u>      | . <u> </u> |                             |                |   |                            |
| CONTRIBUTION | CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | Other | PAC                   | Individual | Business/<br>Corporation | Other                | Transportation | Rent       | Food              | Equipment    | Polling    | Advertising<br>Consultants/ | Administrative | (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)                                   | (INCLUDE FULL NAME)        |
|              |   | U)    | SOURCE<br>(CHECK ONE) | SOU<br>HEC | C)                       |                      | NOIL           | BU         | NTRI<br>ONE)      | CHECK        | RE 0       | NATURE                      | Z              |   |                            |
|              | e to be itemized.                         | ource | that so               |            | ıs fron<br>e listi       | tributions for those | ntribu         | Ω Ω<br>2 4 | es all c<br>2 and | quir         | 11 -       | FCPA<br>1. Use I            | , the<br>form  | l contributions from a single source exceed \$100.00,<br><b>DO NOT LIST</b> cash or loans on this f | When total                 |

#### ABAMA FAIR AMPAIGN PRAC TICES ACT CAMPAIGN FINANCE REPORT OR R CANDIDATE/ELECTED OFFICIAL

#### Receipts from Other Sources loar interest, and other sources 9

ANDIDATE OR ELECTED OFFICIAL: Eugene Rowley

얶

FORM REVISED SOURCE OF RECEIPT (INCLUDE FULL NAME) Shelby Cnty Judge of Probate, AL 02/16/2016 02:46:53 PM FILED/CERT 10.27.2011 When total contributions from a single source exceed \$100.00, the FCPA roughly contributions on this form. ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) 유 Interest FORM Loan Other [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE **GUARANTORS** requires THIS BLOCK IF S ⋗ Forms LOAN all contributions JATO. and 3 for those REC from that source EIPTS Lending listings. Institution RECEIPT SOURC (CHECK ONE) PAC SIHT Individual ð Business PAGE be itemized Other RECEIVED (mo

## PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Q٥ ELECTED OFFICIAL

# tures by candidate or elected o fficial

E OF CANDIDATE OR ELECTED OFFICIAL: Eugene Rowley



total expenditures ð a single recipient exceed \$100.00, the FCPA requires <u>a</u> expenditures ಠ that recipient be itemized.

|                             | AGE                       | URES THIS P                     |                | EXPENDI              | EX                  | IAI         | TO                         |                         |             |                |   | FORM REVISED 10.27.2011   |
|-----------------------------|---------------------------|---------------------------------|----------------|----------------------|---------------------|-------------|----------------------------|-------------------------|-------------|----------------|---|---|
|                             |                           |                                 |                |                      |                     |             |                            |                         |             |                |   |   |
|                             |                           |                                 |                |                      |                     |             |                            |                         |             |                |   |   |
|                             |                           |                                 |                |                      |                     |             |                            |                         |             |                |   |   |
|                             |                           |                                 |                |                      |                     |             |                            |                         |             |                |   | ) She   |
|                             |                           |                                 |                |                      |                     |             |                            |                         |             |                |   | iby Chty  |
|                             |                           |                                 |                |                      |                     |             |                            |                         |             |                |   | 349370 5/<br>Judge of<br>2:46:53                                |
|                             |                           |                                 |                |                      |                     |             |                            |                         |             |                |   | Probate   |
|                             |                           |                                 | ··             |                      |                     |             |                            |                         |             |                |   | , AL<br>/CERT   |
|                             |                           |                                 | ·              |                      |                     |             |                            |                         |             |                |   |   |
| AMOUNT<br>OF<br>EXPENDITURE | EXPENDITURE (mo./day/yr.) | OTHER  GIVE  BRIEF  EXPLANATION | Transportation | Repayment<br>Lodging | Fundraising<br>Loan | Fundraising | Charitable<br>Contribution | Consultants/<br>Polling | Advertising | Administrative | ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) |
|                             |                           | RE                              | NDITURE        | (ONE)                | CHECK               | l 있         | PURP                       |                         |             |                |   |   |