# MONTHLY & WEEKL

#### STATE OF ALABAMA

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

RECEIVED

FEB 2 2 2016

James W. Fuhrmeister Judge of Probate

Shelby Cnty Judge of Probate, AL 02/23/2016 08:03:15 AM FILED/CERT Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly ( Amended Weekly Office Sought or Held (include district or circuit number, if applicable) For Monthly Reports Month in which the report is filed. 5ummer 60016/ For Weekly Reports Date of Friday in the Telephone Number ZIP Code week in which the (00) 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** Itemized cash contributions (total from Form 2) 2a 2b Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) 3c **Receipts from Other Sources** Itemized Receipts from Other Sources (total from Form 4) 4a 4 |4b| Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) **Expenditures** Itemized expenditures (total from Form 5) Non-itemized expenditures 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. As required by the Alabama Fair Campaign Practices Act, I hereby Sworn to and subscribed before me this \_\_\_\_\_ swear or affirm to the best of my knowledge and belief that the of the year \_\_\_\_\_. My commission expires attached report(s) and the information contained herein are true and correct and that this information is a full and complete the day of \_\_\_\_\_ of the year \_\_\_\_\_. statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Notary Public Signature of Cahdidate or Elected Official Date

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

### In-Kind ontri þу candidate 9 elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source DO NOT LIST cash or loans exceed \$100.00, the FCPA requires on this form, Use Forms 2 and 4 for those listings. all contributions from that source to be itemized

FORM REVISED 9.2.2011 TOTAL IN-KIND CONTRIBUTIONS THIS PA					None	(INCLUDE FULL NAME)  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)  Advertising  Consultants/ Polling  Equipment Food  Rent Transportation Other Business/ Corporation Individual PAC Other (m
TIONS THIS						Corporation Individual PAC Other
AGE		Shelby Cnt	0055200 2/5 3 y Judge of Pr 08:03:15 AM	robate, HL	•	NTRIBUTION AMOUNT OF RECEIVED CONTRIBUTION (mo./day/yr.)

#### OFFICIAL જ CANDIDATE FOR REPORT NCE MPAIGN PRACTICES ACT - CAMPAIGN FINA FAIR ALABAMA

# official elected 9 candidate Contributions received by

ME OF CANDIDATE OR ELECTED OFFICIAL: (A /d/d) (A) /// MY

CONTRIBUTION AMOUN. itemized (mo./day/yr.) PAGE be THIS 2 source Returned CONTRIBUTION (CHECK ONE) ngs. S Other Use Forms 3 and 4 for those listi that CONTRIBUTION SOURCE PAC from Individual contributions OF Corporation Business or CASH requires ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) When total contributions from a single source exceed \$100.00, the FUPA re DO NOT LIST in-kind contributions or loans on this form. TOTAL FULL NAME) CONTRIBUTOR (INCLUDE FULL NAN 2011  $^{\prime\prime}$  $\boldsymbol{\sigma}$ FORM REVISED Shelby Cnty Judge of Probate, AL 02/23/2016 08:03:15 AM FILED/CERT



# CTICES ACT - CAMPAIGN FINANCE REPORT FOR POLITICAL ACTION COMMITTEE

# S from He purces loans, interest, and other sources 0

OF POLITICAL ACTION COMMITTEE:

When total contributions from a single source exceed \$100.00, the FCPA I FCPA requires Use Forms 2 all contributions from that source and 3 for those listings to be item

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te, AL							
8/125.00	03/16//6			Agsster & 35007	7	1621 County Walk D. 5/eming Island & 3203	Taddand Lynn Ross
RECEIPT	RECEIVED (mo./day/yr.)	Individual Business Other	Lending Institution PAC	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Interest Loan Other	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
	[	T SOURCE	RECEIPT (CHEC	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	,	
			se listings.	is on this form. Use Forms 2 and 3 for thos	d contribution	DO NOT LIST cash or in-kin-	

# ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN andidate FINANCE REPORT FOR POLITICAL ACTION COMMITTEE

#### FORM 5: Expenditures NAME OF POLITICAL ACTION COMMITTEE: FORM 5: Я political action CORRE nothit

When total expenditures ð a single recipient exceed \$100.00, the FCPA requires all expenditures ರ that recipient be itemized.

						Med Graphics, LLC Calera AL 35040	PERSON/GROUP/BUSINESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND Z	
TOTAL EXPENDITURES THIS PAGE						2/6//6	Administrative Advertising Consultants/ Polling Contribution Food Fundraising Loan Repayment Lodging Transportation  BRIEF EXPENDITUR (mo./day/yr.)	PURPOSE OF EXPENDITURE (CHECK ONE)
8/980B	Shelb	22300005 y Cnty July 2016 08	udge of P	Probate, 1		\$ 1 980 cb	E AMOUNT OF EXPENDITURE	

