FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160301000065410 1/1 \$.00 Shelby Cnty Judge of Probate, AL 03/01/2016 03:23:18 PM FILED/CERT RECEIVED

Please Print in Ink or Type.		Type of Report	(check one)
Walle of Candidate of Election Cinetal	Political Party/Ballot Affiliation	☐ Mont	
	REPUBLICAN	Weel	kly Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	DETOLET	For Monthly Re	eports
Shelly County Counts Counts /om Address Check box if reporting new address	DISIJEICI /	Month in which	· · · · · · · · · · · · · · · · · · ·
	·	report is filed. For Weekly Re	eports
Tiby State ZIP Code	Telephone Number	Date of Friday i week in which t	in the 2
City Columbiana AL 35051	2	report is filed.	7///
COTUTOTA TO TO		Total Number of Pages in Repo	
		rages in Repo	
Summary of activity since last filed report			
1 Beginning balance (ending balance from previo	us filing)		
Cash Contributions			٦
2a Itemized cash contributions (total from Form 2)			-
2b Non-itemized cash contributions	2b		
2c Total cash contributions (add lines 2a and 2b)			2c
In-Kind Contributions		- 05	_
3a Itemized in-kind contributions (total from Form 3	3) 3a		_
3b Non-itemized in-kind contributions	3b		_
3c Total in-kind contributions (add lines 3a and 3b)) 3c		_
Receipts from Other Sources			₁
4a Itemized Receipts from Other Sources (total fro	m Form 4) 4a		
4b Non-itemized Receipts from Other Sources	4 b		
4c Total receipts from other sources (add lines 4a	and 4b)	7 –	4c
Expenditures			
5a Itemized expenditures (total from Form 5)	5a		
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)		7	5c
6 Ending balance (add lines 1, 2c, & 4c, then subtr	act line 5c)	<u></u>	6
Candidates for State Office: File this report with the Of		ate	
Candidates for County or Municipal Office: File this re	eport with the Judge of Pr	obate of the cour	nty in which the office is sought.
As required by the Alabama Fair Campaign Practices Act, I he			: \T
swear or affirm to the best of my knowledge and belief that	t the March of	the year 20	My commission expires
attached report(s) and the information contained herein true and correct and that this information is a full and comp	are the 9th da	or of Stotemb	erof the year 2019
statement of all contributions, expenditures, and other requ	uired (116)	·) · · · · · · · · · · · · · · · · · ·	
information during the applicable period of time.	11 Jam	nus 2	. Seale
	Signature of Notary		
Signature of Candidate or Elected Official Date	Tamn	ny L.	Seale
	Print Notary's Name		

FORM REVISED 10.27.2011