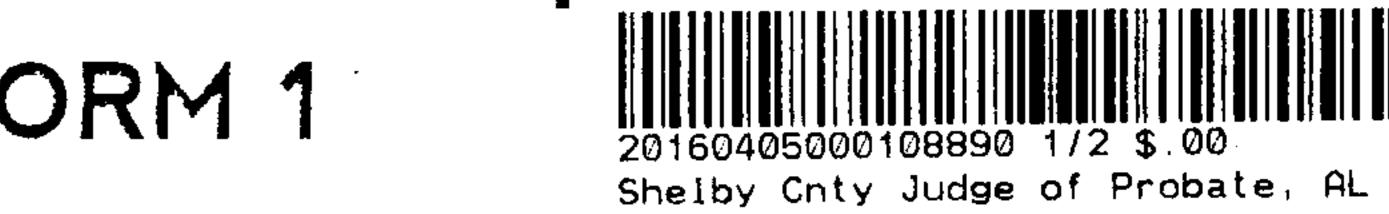


FDRM REWISED to 27 3.11

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

MAR 2 9 2016



	Please Print in Ink or Type.	04/05/2016 08:11:	02 AM FILED/CERT	
Name of Candidate or Elected		Political Party Balict Affination 1,	Type of Report (check	cone;
MARKE	LAGILI-	Republican	Monthly	Amended Monthly
Office Sought or Heid (nolude)	district or circuit number if applicable)	1 CPUI II CAN	- Weekly	Amended Weekly
MAYUR			For Monthly Reports Month in which the	11
Address ChepKbox if repo	aiting new address		report is filed.	MRCH
801 2	CHARIES LIN		For Weekly Reports Date of Friday in the	
City Lola a		205-664-0059	week in which the report is filed.	
1616114	776 0000	200 000	Total Number of	<u></u>
			Pages in Report	<u></u>
Summary of activi	ity since last filed report			
1 Beginning balanc	e (ending balance from previo	us filing)	1	346.发
Cash Contributio	ทร		OC	
2a Itemized cash cor	ntributions (total from Form 2)	2a	500 5	
2b Non-itemized cas	h contributions	2b		
2c Total cash contrib	utions (add lines 2a and 2b)		2c	2,500
In-Kind Contribut	ions			
3a Itemized in-kind c	ontributions (total from Form 3	3a 9		
3b Non-itemized in-k	ind contributions	3b		
3c Total in-kind contr	ibutions (add lines 3a and 3b)	3c		
Receipts from Oti	ner Sources			
4a Itemized Receipts	from Other Sources (total from	n Form 4) 4a		
4b Non-itemized Rec	eipts from Other Sources	45	: : :	
4c Total receipts from	n other sources (add lines 4a a	and 4b)	4c	
Expenditures			i <u>—</u>	
5a Itemized expendit	ures (total from Form 5)	5a		
55 Non-itemized exp	enditures	5b	;	
50 Total expenditures	s (add lines 5a and 5b)	· 	5c	Ø aa
6 Ending balance (a	dd lines 1, 2c, & 4c, then subtra	ct line 5c)	6	2846 1
Candidates for State O	ffice: File this report with the Office	ce of the Secretary of State.		
	or Municipal Office: File this rep			ich the office is sought.
· · · · · · · · · · · · · · · · · · ·	r Fair Campaign Practices Act. I nere		bed before me this	
swear or affirm to the best	t of my knowledge and belief that t			My commission expiras
rue and correct and that t	te information contained herein a bis information is a full and complete	te Sie		year <u>ao l'S</u>
statement of all confibution	ins information is a full and completed as expenditures, and other requirelicable period of time.	ed Cay o		year <u>auto</u> .
niormation during the app	inchally period of time.	16 Danie		
	7/401	Signature of Notary Public	S ^	<u>//</u>
Signature of Candidate or Elec	tat Official Date		\sim 11	
09M RE MSEC 10 ZT 3.11		Print Notary's Name		

MPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED

OFFICIAL

utions received by candidate elected 9

NDID TED OFFICIAL: ficial

Shelby Cnty Judge of Probate, AL FORM REVISED 04/05/2016 08:11:02 AM FILED/CERT 2011 When total contributions from a single source exceed \$100.00, the FC ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND form requires ZIP) Use ASH Forms contributions CONTRIBUTIONS ယ and Business or QF Corporation for those listings. SOURCE: CONTRIBUTION (CHECK ONE) Individual from that source PAC Other SIHT Returned CONTRIBUTIO ᅙ be itemized. rom) PAGE RECEIVED DATE /day/yr.)