Candidate & Elected Official Campaign Finance Report SLIMMARY FORM 1

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James W. Forme sto Judge of Probate

B JOHNAN FORM	201604150001		\$.00		
Please Print in Ink or Type.	Shelby Cnty 04/15/2016	Judge of P	robate, AL		
Name of Candidate or Elected Official	Political Party/B	·	Type of Repor	t (check one	=)
(a) and (a) illians	Repub	117	Mon	thly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)		1/ \	Avee	kly	Amended Weekly
County Commission District 4	(Shel	64	For Monthly R Month in which	•	
Address Check box if reporting new address			report is filed.		
235 Summer Grook Lane			For Weekly Re	•	
City State ZIP Code	Telephone Num		Date of Friday week in which	1	40 8. 2016
Alabaster A (35007	205-5 3	3- 187			
			Total Number Pages in Repo	}	
Summary of activity since last filed report					
1 Beginning balance (ending balance from previo	ous filing)			15	109.95
Cash Contributions				<u></u>	
2a Itemized cash contributions (total from Form 2))	2a 1	700.00		
2b Non-itemized cash contributions		2b \$	5000		
2c Total cash contributions (add lines 2a and 2b)		······································	<u></u>	2c 3	75000
In-Kind Contributions				L	
3a 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 z		-	
Receipts from Other Sources			·	J	
4a Itemized Receipts from Other Sources (total from	m Form 4)	4a /			
4b Non-itemized Receipts from Other Sources		4b			
4c Total receipts from other sources (add lines 4a	and 4b)			4c	7
Expenditures					
5a Itemized expenditures (total from Form 5)		5a 35	82.00		
5b Non-itemized expenditures		5b	0		
5c Total expenditures (add lines 5a and 5b)				5c 3 5	8)00
6 Ending balance (add lines 1, 2c, & 4c, then subtr	ract line 5c)			688	77.95
Candidates for State Office: File this report with the Of	fice of the Sec	cretary of S	tate.		
Candidates for County or Municipal Office: File this re	eport with the	Judge of P	robate of the count	y in which	the office is sought.
As required by the Alabama Fair Campaign Practices Act, I he	reby Swori	n to and sul	oscribed before me	this	day of
swear or affirm to the best of my knowledge and belief that attached report(s) and the information contained herein	<i>_</i> ^	mil.	f the year 201	Co My	commission expires
true and correct and that this information is a full and comp	olete the	15th	· · · · · · · · · · · · · · · · · · ·	of the ye	Λ
statement of all contributions, expenditures, and other requires	iired ""	ب المار		01 1110 y	
information during the applicable period of time.		_ (X)	the		
Signature of Candidate or Elected Official Date	Signal	ture of Notary	Public		

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ALABAMA FAIR CAMPAIGN PRA CTICES CAMPAIGN FINANCE REPO DIDATE

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(INCLUDE FULL NAME) Schodt M21:55-W:1500 When total contributions from a single source exceed DO NOT LIST in-kind contributions or loans on this form ADDRESS

(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND X \$100.00, the FCP \supset Use quire orms $\overline{\overline{\sigma}}$ tributions Business or ヤ Corporation ਰ੍ਹੀ SOURCE CONTRIBUTION (CHECK ONE) Individual those from PAC that listings Other Sour Returned g Q ONTRIBUTION be item nized.

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CONTRIBUTIONS

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Shelby Cnty Judge of Probate, AL

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

FORM 3: ĥф candidate 9 elected

NAME OF CANDIDATE OR ELEC In-Kind TED ontri OFFICIAL: official

When total contributions from a

FCPA requires

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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Business/ Corporation Individual PAC	Other	Rent Transportation	Food	Equipment	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		SOURCE (CHECK ONE)	S	BUT	UNTRI (ONE)	CHECK (URE C	NATI			7
	ource to be itemized.	ns from that so se listings.	ibutio	contr nd 4 fc	ıires all าs 2 an	equir orms	CPA r	m. U	00, the	al contributions from a single source exceed \$100.0 DO NOT LIST cash or loans on this	When tota



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

FORM 4: Receipts ō ans, interest, and other sources \circ

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single DO NOT LIST cash or in-kind contributions on this fo source exceed \$100.00, the FCPA requires ĬŢŢ Use Forms 2 and 3 for those listings. all contributions from that source ਰੋ item

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AMOUNT	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 (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		PT SOURCE IECK ONE)	RECEIF (CHE	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	OF RECEIPT		
			4				

ALABAMA FAIR CAMPAIGN PRACTICES ACT -CAMPAIGN FINANCE REPORT FOR CANDIDATE Şο ELECTED OFFICIA

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When total expenditures \overrightarrow{o} a single recipient exceed \$100.00, the FCPA requires all expenditures Q that recipient be itemized.

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, 25°	1/6// 1/6//							alera Al 35040	Med Graphics
E AMOUNT OF EXPENDITURE	DATE OF EXPENDITURI (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Repayment Lodging Transportation	Fundraising	Food	Consultants/ Polling Contribution	Administrative Advertising	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
	<u> </u>	JRE	XPENDITL ONE)	SE OF E	JRPOS	P			