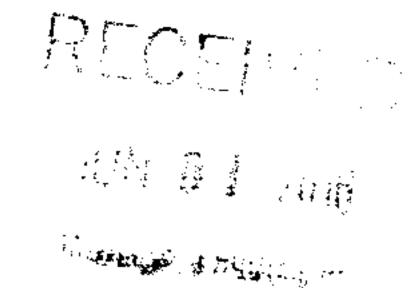


Candidate & Elected Official Campaign Finance Roort



2.	20160606 Shelby C	000193050 1/	4 \$.00 Probate, AL		
	±	16 Ø9:29:54	Probate, AL AM FILED/CERT		
Nar	Please Print in nik of Type.	Ballot Affiliation	Type of Report	t (check d	one)
	Alison Mone Michals		Mon	_	Amended Monthly Amended Weekly
	ce Sought or Held (include district or excust number, if applicable) ALOL 6 (Include district or excust number, if applicable)		For Monthly R Month in which	-	
Add	ress Check box if reporting new address		report is filed.		///YY
	51 Bradley DR		For Weekly Re Date of Friday i	•	
City	State ZIP Gode Telephone Number 1	nber	week in which treport is filed.		
<u> </u>	LYASTA, NL		Total Number	of	
			Pages in Repo	ort	
S	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	1,130,00
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	400.00		
2b	Non-itemized cash contributions	2b	五		
2c	Total cash contributions (add lines 2a and 2b)			2c	300
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a			
3b	Non-itemized in-kind contributions	3b	200.00		
Зс	Total in-kind contributions (add lines 3a and 3b)	3c	200.00		
	Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a / 8	00.00		
4b	Non-itemized Receipts from Other Sources	4b /			
4c	Total receipts from other sources (add lines 4a and 4b)			4c	1.000.00
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a 7 8	39.98		
5b	Non-itemized expenditures	5b 23	77).00		
5c	Total expenditures (add lines 5a and 5b)			5c	1, 239.88
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	1490,12
Ca	ndidates for State Office: File this report with the Office of the Se	ecretary of St	ate.		
Ca	ndidates for County or Municipal Office: File this report with the	Judge of Pr	obate of the count	y in whi	ch the office is sought.
Asr	equired by the Alabama Fair Campaign Practices Act, I hereby Swo	rn to and sub	scribed before me	this	15+ day of
swe	ar or affirm to the best of my knowledge and belief that the	<u>U</u> of	the year <u>2010</u>	'o .1	My commission expires
	ched report(s) and the information contained herein are and correct and that this information is a full and complete the		ay of Mac		-
stat	ement of all contributions, expenditures, and other required	7.		T or me	year <u>, -, -, .</u>
info	renation during the applicable period of time	iMI	1 Del	2sx	1
		ature of Notary	Public		
/Sign	nature of Candidate or Elected Officier Date	'INMi	1-105	5	†
FOR	A REVISED 10.27.2011 Print	Notary's Name			<u> </u>

FOR CANDIDATE & ELECTED OFFICIAL

NAME OF CANDIDATE OR ELECTED OFFICIAL: Expenditures by candidate or elected official TE OR ELECTED OFFICIAL:

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

188. X	AGE	URES THIS P	ENDIT	EXP	TAL	7				FORM REVISED 10.27.2011
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of Probat										
e, AL										
320.02	5/12/1/	Woods							Inveness R	Hom edept
29996	3/1/6	Jan							18 18 18 18 18 18 18 18 18 18 18 18 18 1	Homesday
1/73-00	3/19/16	MASNET							678 Collins Rd. 45743	AGE CAMICS
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Food Fundraising	Polling Charitable Contribution	Advertising Consultants/	Administrative		t <u>**</u> M
		URE	PENDI	OF EX	RPOSE (C	PURP				

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ALABAMA FAIR CAMPAIGN PRAC SES AMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

Receipts U sources O.

NAME OF CANDIDATE OR ELECTED When total contribution

DO a single source 100.00 from that source to be itemized.

cash

or in-kind

contributions

E

Forms

and

for those listings

FORM REVISED 10.27.2011 ADDRESS
PRESS SHOULD Qq Interest FORM Loan Other FCPA REQUI FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] **GUARANTORS** THIS BLOCK IF I TOTAL RECEIPT RECEIPTS Lending Institution RECEIPT SOURCE (CHECK ONE) PAC SIHI Individual Business PAGE Other REC 20160606000193050 3/4 \$.00 Shelby Cnty Judge of Probate, AL 06/06/2016 09:29:54 AM FILED/CERT



TICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

Itions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires DO NOT LIST in-kind contributions or loans on this form. Use Fo Use Forms 3 and 4 for those listings. all contributions from that source to be itemized.

Man of the state o	IS PAGE	IONS TH	RIBUTIONS	TOTAL CASH CONT	FORM REVISED 10.27.2011
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060600019 by Cnty 6/2016 09					
Judge of 9:29:54 f					
Probate,					
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100,00	Symbolic			30/ Creekside Cove 1881 sonuMe, At. 35186	RS. Fucies
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	PAC Other Returned	Corporation Individual	(ADDRESS SHOULD INCLUDE or STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		RIBUTION K ONE)	OF CONTI		

