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

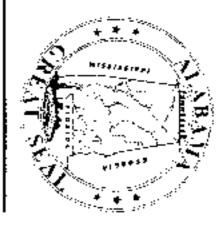


	Please Print in Ink or Type.			6 AM FILED/CERT		
Nam	e of Candidate or Elected Official	Political Party/	Ballot Affiliatio	•	•	•
Alic	e Lobell			× Mon		Amended Monthly
Offic	e Sought or Held (include district or circuit number, if applicable)	<u> </u>		─	kly	Amended Weekly
	ena City Council Place 3			For Monthly R  Month in which	•	luna 2016
Add	ress Check box if reporting new address			report is filed.	ti iC	June, 2016
601	2 Woodvale Road			For Weekly Re	•	
City	State ZIP Code	Telephone Nu	mber	Date of Friday week in which		
Hel	ena AL 35080			report is filed.		
				Total Number Pages in Repo		
Şı	mmary of activity since last filed report					
1	Beginning balance (ending balance from previo	ous filing)			1	\$44.43
	Cash Contributions		1			
2a	Itemized cash contributions (total from Form 2)	)	2a	\$500.00		
2b	Non-itemized cash contributions		2b		<b>-</b>	
2c	Total cash contributions (add lines 2a and 2b)				2c	\$500.00
 	n-Kind Contributions	<del></del>				
За	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	<del>)</del>	3c	\$0.00		
	Receipts from Other Sources				ר	
4a	Itemized Receipts from Other Sources (total fro	m Form 4)	4a	\$500.00		
4b	Non-itemized Receipts from Other Sources		4b		]	
4c	Total receipts from other sources (add lines 4a	and 4b)			4c	\$500.00
	Expenditures					
5a	Itemized expenditures (total from Form 5)		5a	\$0.00		
5b	Non-itemized expenditures		5b		1	
5c	Total expenditures (add lines 5a and 5b)				5c	\$0.00
6	Ending balance (add lines 1, 2c, & 4c, then subtr	act line 5c)	1		6	\$1,044.43
Cai	ndidates for State Office: File this report with the Office	fice of the Se	ecretary of	State		
	ididates for County or Municipal Office: File this re				ty in wh	ich the office is sought.
Asre	equired by the Alabama Fair Campaign Practices Act, I her	reby Swo	rn to and s	ubscribed before me	this	day of
swea	ar or affirm to the best of my knowledge and belief that	t the 😘	1	of the year 2 01	, <u> </u>	My commission expires
	thed report(s) and the information contained herein and correct and that this information is a full and comp	nlete	1013	day of Feb	<u> </u>	e year <b>29/8</b>
state	ment of all contributions, expenditures, and other requ	010	(0)	day of 1°CD	_ or the	e year <u>29/6</u> .
infor	mation during the applicable period of time.	<i>1</i> .		1 5/1		
	lew Lobell 1/5/	16 Sign	ature of Nota	ry Public		
Sign	ature of Candidate or Elected Official Date	ı	/	10 = Ac.		to.
E/\@**	REVISED 9.2.2011	L Print	Notary's Nar	me	,16	, , ,

# ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE œ ELECTED OFFICIAL

#### FORM 2: Contributions received ĥф candidate 9 elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Alice Lobell



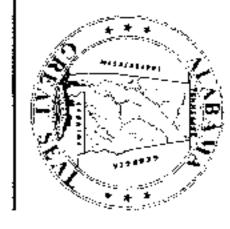
FORM REVISED 9.2.2011 Joy Childers Dave & Patsy Cottrell Helena Family Dentistry CONTRIBUTOR (INCLUDE FULL NAME) When total contributions from a single source exceed DO NOT LIST in-kind contributions or loans on this form. Use Forms 2203 Pup Run PO Box 388 1001 Ashley Brook Lane ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Helena, AL Helena, ₽ 35080 Helena, \$100.00, the 35080 Shelby Cnty Judge of Probate, AL 07/08/2016 09:53:26 AM FILED/CERT ₽ TOTAL 35080 FCPA requires CASH CONTRIBUTIONS all contributions 3 and 4 for those listings Business or X 유 Corporation SOURCE CONTRIBUTION (CHECK ONE) Individual < < from that source PAC Other SIHT Returned CONTRIBUTION to be PAGE 06/16/16 06/15/16 RECEIVED 06/21/16 (mo./day/yr.) DATE itemized. CONTRIBUTION AMOUNT \$250.00 \$100.00 \$150.00 \$500.00

1

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

## ω In-Kind Contribution S received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Alice Lobell



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

\$0.0	THIS PAGE		SN(	SNOIT		NT F	CONTRIB		TOTAL IN-KIND		IAT	010		FORM REVISED 9.2.2011
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							,,,,, <u>-</u>						nty Judge	
											-		of Prob	
								:		·			ate, AL	
				X										
AMOUNT OF CONTRIBUTION	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Food Rent	Equipment	Polling	Advertising Consultants/	Administrative	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		面	X ON	SOURCE (CHECK ONE)		ž	CONTRIBUTION CK ONE)	NTRIE ONE)	191	RE OF	NATUR€ (	z		
			l.s	istings.	sel	for the	4	∠ and	rms	o O	. Use	IOIM	DO NOT LIST CASH OF IGANS ON THIS T	

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

# Receipts from Other Sources loans, interest, and other sources of income FORM 4:

NAME OF CANDIDATE OR ELECTED OFFICIAL: Alice Lobell

of income

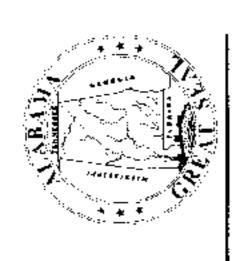
When total	When total contributions from a single source ex DO NOT LIST cash or in-kind		ceed \$100.00 contributions	0.00, the FCPA requires all contributions from on this form. Use Forms 2 and 3 for those	n that source to be itemized. se listings.		
		FORM OF RECEI	FORM	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	T SOURCE SCK ONE)		
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Other	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN]	Lending Institution Business Other Other	AFE CEIVED /day/yr.)	AMOUNT OF RECEIPT
Alice Lobell	6012 Woodvale Road HELENA, AL 35080				)90 	06/20/16	\$500.00
			<u> </u>				
						07/08/20	Shelby (
						016 <b>09</b> :53	300023744 Cnty Jude
						3:26 AM F	e of Pro
						ILED/CER	bate, AL
						T 	
FORM REVISED 9.2.2011				TOTAL REC	EIPTS THIS PAGE		\$500.00

### ELECTED OFFICIAL ∞ಶ CANDIDATE CAMPAIGN FINANCE REPORT FOR ALABAMA FAIR CAMPAIGN PRACTICES ACT

#### officia elected Ö candidate Expenditures by FORM 5:

NAME OF CANDIDATE OR ELECTED OFFICIAL: Alice Lobell

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



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\$0.00 EXPENDITURE AMOUNT 20160708000237440 5/5 \$.00 Shelby Cnty Judge of Probate, 07/08/2016 09:53:26 AM FILED/CERT EXPENDITURE (mo./day/yr.) DATE OF PAGE THIS **EXPLANATION** OTHER BRIEF GIVE **EXPENDITURES** PURPOSE OF EXPENDITURE (CHECK ONE) Transportation Daigbod Repayment Loan Fundraising TOTAL Food Contribution Polling Consultants/ Palisine Administrative (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) FORM REVISED 9.2.2011