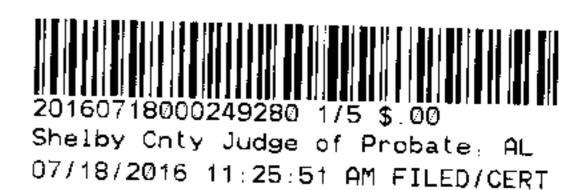
Signature of Candidate or Elected Official

#### FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

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



Please Print in Ink or Type. Calendar Year Name of Candidate or Elected Official Political Party/Ballot Affiliation covered by this report. Office Sought or Held (include district or circulit number, if applicable) Amended Annual Report Place Council Termination Report **Total Pages in Report** Include this page in **ZIP Code** Telephone Number your count. 35080 SECTION I - Summary of activity from last filed report through December 31 of reporting year Beginning balance (ending balance from previous filing) **Cash Contributions** 2a 2a Itemized cash contributions (total from Form 2) 2b Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) In-Kind Contributions Itemized in-kind contributions (total from Form 3) За Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) 3¢ Receipts from Other Sources Total itemized receipts from other sources (total from Form 4) 4a Total non-itemized receipts from other sources Total itemized receipts from other sources (add lines 4a and 4b) 4c **Expenditures** Itemized expenditures (total from Form 5) 5a Non-itemized expenditures Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 690.65 SECTION II - Summary of activity for entire reporting year - January 1st through December 31st Beginning balance (as of January 1 of reporting year) Total cash contributions for year Total in-kind contributions for year Total receipts from other sources for year Total expenditures for year Ending balance (add lines 7, 8, & 10, then subtract line 11) Total campaign debt (total debt owed as of December 31) 13 As required by the Alabama Fair Campaign Practices Act, I hereby swear or day of 🔙 affirm to the best of my knowledge and belief that the attached report(s) and year 2016 My commission expires the 15th day of Wunture of the information contained herein are true and correct and that this information the year <u>2016</u> is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Notary Public

Date

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

### **FORM 2:** Contributions received бq candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

FORM REVISED 9.2.2011 CONTRIBUTOR (INCLUDE FULL NAME) \$.00 Shelby Cnty Judge of Probate, AL 07/18/2016 11:25:51 AM FILED/CERT When total contributions from a single source e DO NOT LIST in-kind contributions or loans on this form. ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) xceed \$100.00, the FCPA requires all contributions TOTAL CASH Use Forms 3 and 4 for those listings. CONTRIBUTIONS Business or SOURCE OF CONTRIBUTION (CHECK ONE) Corporation Individual from that source to be itemized. PAC Other **THIS PAGE** Returned CONTRIBUTIO RECEIVED (mo./day/yr.) DATE ž CONTRIBUTION

١.

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

### FORM 3: In-Kind Contribution IS received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: ATE OR ELECTED OFFICIAL: LAGM HMJ SWY

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.



FORM REVISED 9.2.2011					Shelby	718000249 7 Cnty Ju 72016 11:	idge of P	\$.00 robate, FILED/C	AL ERT	(INCLUDE FULL NAME)	
										(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
70										Administrative	
TOTAL IN-KIND										Advertising Consultants/	NATURE
į	! 									Polling	유 유 유
츷			<u> </u>	<u></u>						Equipment	OF CONTRIBUTION (CHECK ONE)
_										Food Rent	NE)
င္ဝ										ļ	BUTIO
CONTRIB			<u> </u>							Transportation Other	Š
₹B					ļ				<del></del>	Business/	
SNOETUE		, .								Corporation Individual	35 S (2)
2	<u> </u>									PAC	SOURCE (CHECK ONE)
SI										Other	Ž M
THIS PAGE										CONTRIBUTION RECEIVED (mo./day/yr.)	
6										CONTRIBUTION	

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

#### FOR M 4 Receipts from )ther Sources loans, interest, and other sources 으

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source e exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

FORM REVISED 9.2.2011 SOURCE OF RECEIPT (INCLUDE FULL NAME) \$ Shelby Cnty Judge of Probate, AL 07/18/2016 11:25:51 AM FILED/CERT ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or in-kin Interest 유 d contributions on this form. FORM Loan Other FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS Use Forms 2 and 3 for those listings. TOTAL RECEIPTS Lending Institution RECEIPT SOURCE (CHECK ONE) PAC THS Individual **Business** PAGE Other DATE RECEIVED (mo./day/yr.) OF RECEIPT AMOUNT

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

FORM 5: late or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Expenditures by candidate or

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

Q	AGE	EXPENDITURES THIS PAGE	D	Ĕ	Ε	•	TOTAL					FORM REVISED 9.2.2011
					<b> </b>	<u> </u>			<del> </del>	<u> </u>		
					<b></b>	<u> </u>						
					<u> </u>				<u> </u>			
					<u></u>							201607180 Shelby Cr
					<del></del>							nty Judge
												of Prob
												ate, AL
							:					
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Food	Polling Contribution	Consultants/	Advertising	ADDRESS  (ADDRESS SHOULD INCLUDE at a strain and ZIP)  ADDRESS SHOULD INCLUDE at a strain	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		Ω M	EXPENDITURE (ONE)	ONE)	<b>売</b>	OSE CI	PURPOSE OF E					