

FAIR CAMPAIGN PRACTICES ACT

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



20160801000268920 1/3 \$.00 Shelby Cnty Judge of Probate, AL 08/01/2016 10:01:45 AM FILED/CERT

	Piease Print in Ink or Type.				
Nan	ne of Candidate or Elected Official Party/	Ballot Affiliation		_	
W	1/1/AM (- (Bill) (-)0550NNR		Month Week	, r	Amended Monthly Amended Weekly
Offic	ce Sought or Held (include district or circuit number, if applicable)	4 4		· [Afficiacy veckiy
Add	ress Check box if reporting new address		For Monthly Re Month in which t	· 1	
, , tuu			report is filed.	l Some	
City	30 (ABSTIEW (ROLE Telephone Num	mber	For Weekly Rep Date of Friday in		
	Nontevallo AL. 35/15 Telephone Num		week in which the report is filed.	e	1-27-201
			Total Number o		3
	ummery of activity cines lact filed report		Pages in Repor	t į	
) 	ummary of activity since last filed report			1 1	84.00
1	Beginning balance (ending balance from previous filing)			1 47	87.00
	Cash Contributions	 			
2a		2a			
	Non-itemized cash contributions	2b			
	Total cash contributions (add lines 2a and 2b)			2c	
ļ	In-Kind Contributions				
		3a			
	Non-itemized in-kind contributions	3b			
<u>3c</u>	Total in-kind contributions (add lines 3a and 3b)	3c			
	Receipts from Other Sources	1			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a 🚜	100.00		
4b	Non-itemized Receipts from Other Sources	4b			
4 c	Total receipts from other sources (add lines 4a and 4b)			4C	100.00
	Expenditures	1			
5a	Itemized expenditures (total from Form 5)	5a 77	15.00		
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c 7	115.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6 4	69.00
Ca	ndidates for State Office: File this report with the Office of the Se	ecretary of	State.		
Ca	ndidates for County or Municipal Office: File this report with the	Judge of	Probate of the county	in whic	ch the office is sought.
		rn to and s	ubscribed before me t	his	15E day of
	ear or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are	Jugust	of the year 201	0 . N	ly commission expires
	and correct and that this information is a full and complete	76m	day of ALLON 1St	2 of the	year <u>2017</u> .
stat	entent of an continuations, pypenataics, and other required				
HIO	rmation during the applicable period of time.	and	Ma De	yrd	
	1 Milme C 7 10550 977. 8-1-14 sign	ature of Nota		1	
Sigi	nature of Candidate or Elected Official / Date	San	dra D D	100	

Print Notary's Name

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

OFFICIAL

Receipts rom Other Sources loans, interest, sources 잋

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source book total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source bounce book total contributions on this form. Use Forms 2 and 3 for those listings. Ö be itemized.

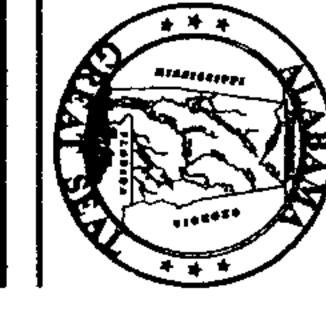
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	RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	CPA REQUIRES FULL NAME AND LETE ADDRESS OF INDIVIDUAL DORSING OR GUARANTEEING	Other	Loan	Interest	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF RECEIPT (INCLUDE FULL NAME)
			CE		PT S	RECE!		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	REIPT	F POP	-		

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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED

OFFICIAL

NAME OF CANDIDATE OR ELECTED Expenditu OFFICIAL: res by candidate or or official: Millime official (Sg)



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

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#115	17-26	Salt Signer									26	is 1510 HAR THE NO	me Wate & ERAM
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Food	Polling Charitable Contribution	Consultants/	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP	RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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