

Candidate & Elect Campaign Fractices a STATE OF ALABAMA Candidate & Elect Campaign Finance SUMMARY FORM 1 Candidate & Elected Official Campaign Finance Report

	Please Print in Ink or Type.				A	•		
Nar	ne of Candidate or Elected Official III	Ballot	Affiliation	Mo	nthly	Amended Monthly		
	ce Sought or Held (include dietrict of circuit number, if applicable) ONTEVA 10 CTY RUNCIA DISTRICT Iress Check box if reporting new address State ZIP Code Telephone Nu	mber		For Monthly Month in which report is filed. For Weekly For Date of Friday	Reports the Reports y in the	Tiely 2016		
	ontent10, AL 35/15 o		Weekly Amended Weekly For Monthly Reports Month in which the report is filed. For Weekly Reports Date of Friday in the week in which the report is filed. Total Number of Pages in Report 1					
						4		
S	ummary of activity since last filed report							
1	Beginning balance (ending balance from previous filing)				1	000		
	Cash Contributions							
2a	Itemized cash contributions (total from Form 2)	2a	00	0				
2 b	Non-itemized cash contributions	2b	00	0				
2c	Total cash contributions (add lines 2a and 2b)				2c	000		
	In-Kind Contributions							
3a	Itemized in-kind contributions (total from Form 3)	3a	35	,00				
3 b	Non-itemized in-kind contributions	3b						
3с	Total in-kind contributions (add lines 3a and 3b)	3c	<u> 35</u>	,00				
	Receipts from Other Sources							
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	300	000				
4b	Non-itemized Receipts from Other Sources	4 b						
4c	Total receipts from other sources (add lines 4a and 4b)				4c	300.00		
	Expenditures							
5a	Itemized expenditures (total from Form 5)	5a	23/	,00				
5b	Non-itemized expenditures	5b	0	00				
5c	Total expenditures (add lines 5a and 5b)				5c	231.00		
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				6	69.00		
Ca	ndidates for State Office: File this report with the Office of the Se	ecret	ary of State.					
Ca	ndidates for County or Municipal Office: File this report with the	e Jud	ige of Proba	te of the cou	nty in whic	h the office is sought.		
swe atta true stat info	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are and correct and that this information is a full and complete ement of all contributions expenditures, and other required rmation during the applicable period of time.	191	St of the day of Motary Butching	year 20 Augus	of the	ly commission expires year		
	nature of Candidate or Elected Official Date	ature (Sandi	ra B	Byrc	/		

Print Notary's Name

FORM REVISED 9.2.2011

Shelby Cnty Judge of Probate, AL 08/01/2016 10:01:46 AM FILED/CERT

ALABAMA FAIR CAMPAIGN PRACTIC ES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

NAME OF CANDIDATE OR ELECTED OFFICIAL: FORM 3: When total contributions from a single n-Kind Co **DU** source exceed \$100.00, candida requires <u>a</u> contributions from that source to be itemized.

FORM REVISED 10.27.2011 ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) ier LIST cash or loans on this form. Administrative TOTAL NATURE OF CONTRIBUTION (CHECK ONE) Advertising Consultants/ Polling Forms マー大三 Equipment Food N <u></u> and Rent CONTRIBUTIONS 호 Transportation those Other **Business/** listings. Corporation (CHECK ONE) Individual PAC THIS Other RECEIVED PAGE 'omo' DATE /day/yr.) AMOUNT 0

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

FORM 4: Receipts f TON Sources other sources <u>o</u> P

NAME OF CANDIDATE OR ELECTED OFFICIAL:

					1. 35/15	Min Colosson Circle Circle Chilo	SOURCE OF RECEIPT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		When total contributions from a single source of the contribution from a single source of the contribution from a
							Interest	OF R	excet
					>	>	Loan Other	ORM	ed \$100 ntributio
					Menternalle 35115	430 Caest New Chies	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOANL PERMISSION OF THE PROPERTY OF THE P	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	.00, the FCPA requires all contributions from this form. Use Forms 2 and 3 for those
							Lending Institution PAC Individual Business Other	RECEIPT SOURCE (CHECK ONE)	that source to be iter listings.
				125-16	720-16	71-16	RECEIVED (mo./day/yr.)		nized.
30				100.0	- aal	- 00 m	RECEIPT		

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ALABAMA FAIR CAMPAIGN PRACTIC ES **AMPAIGN** FINANCE REPORT ANDIDATE Qο ELECTED OFFICIAL

FORM 5: Expenditu



NAME OF CANDIDATE OR ELECTED (When total expenditures to $\boldsymbol{\sigma}$ single recipient o exceed \$2 00.00, Ħ **FCPA** requ uires all expenditures ರ that recipient 8 itemized

FORM REVISED 10.27.2011 PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) STREET OR F .UDE TE. AND ZIP) Administrative Advertising Consultants/ Polling Charitable Contribution PURPOSE OF EXPENDITURE (CHECK ONE) Food TAL Fundraising **EXPENDITURES** Loan Repayment Lodging Transportation OTHER THIS PAGE (PENDITURE DATE EXPENDITURE