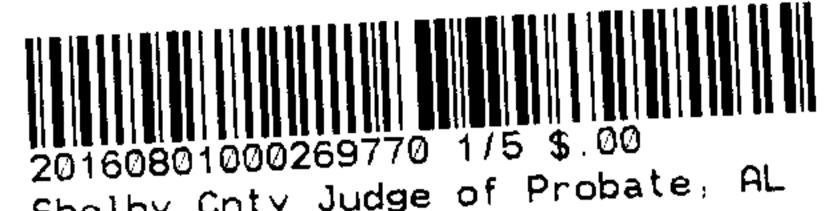


FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Campaign Practices act State of Alabama Candidate & Elected Official Campaign Finance Report



SUMMARY FORM 1		2016	3080100026	9//0 1/5 udge of	Propace;
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Please Print in Ink or Type.		— Т.,,	so of Bonos	+ (chock)	ana)
Name of Candidate or Elected Official ERUES + Mow + 40 w EKY Office Sought or Held (include district or circuit number, if applicable)	Ballot Affili	ation 'Y	e of Repor	thly	Amended Monthly Amended Weekly
Address Check box if reporting new address		Mo	r Monthly R nth in which ort is filed.	-	
P.D. Box 347 City State ZIP Code Telephone Nu ALERA AI 35040	mber	Date week	r Weekly Rote of Friday ek in which ort is filed.	in the	Aug 5, 2016
77747			al Number	of	
		Pa	ges in Repo	ort	2
Summary of activity since last filed report					
1 Beginning balance (ending balance from previous filing)		•		1	0,0
Cash Contributions		·		4	
2a Itemized cash contributions (total from Form 2)	2a	450.	00		
2b Non-itemized cash contributions	2b		20		
2c Total cash contributions (add lines 2a and 2b)				2c	450.00
In-Kind Contributions			· · · · · · · · · · · · · · · · · · ·	-	
3a Itemized in-kind contributions (total from Form 3)	3a	· · · · · · · · · · · · · · · · · · ·	<u>0.0</u>		
3b Non-itemized in-kind contributions	3 b	· · · · · · · · · · · · · · · · · · ·	0.0		
3c Total in-kind contributions (add lines 3a and 3b)	3c		0.0		
Receipts from Other Sources					•
4a Itemized Receipts from Other Sources (total from Form 4)	4a	500.	OO		
4b Non-itemized Receipts from Other Sources	4b		٥		
4c Total receipts from other sources (add lines 4a and 4b)				4c	500.00
Expenditures				· · · · · · · · · · · · · · · · · · ·	
5a Itemized expenditures (total from Form 5)	5a -	578.	31		
5b Non-itemized expenditures	5b		0.0		
5c Total expenditures (add lines 5a and 5b)				5c	578.81
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				6	371.19
Candidates for State Office: File this report with the Office of the Se Candidates for County or Municipal Office: File this report with the	·		the count	y in whic	
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.	1dust	1	2014	2 N	day of My commission expires year 2018 and
Signature of Candidate or Eleged Official Date	les	tary Public	+	011	and

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT OR CANDIDATE Qο ELECTED OFFICIAL

FORM 2: Contributions received by candidate 9 9 icial

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA r

requires

<u>a</u>

contributions

from

that

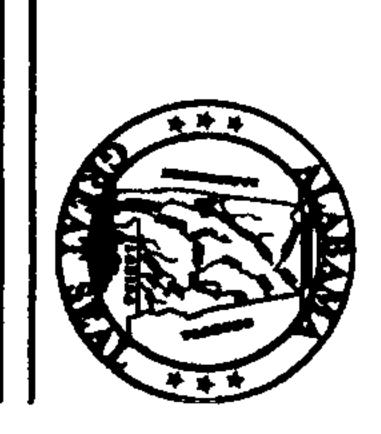
source

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itemize

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FORM REVISED 10.27.2011 (INCLUDE FULL NAME) DO NOT LIST in-kind contributions or loans on this form ADDRESS SHOULD INCLUDE (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Use D Forms CONTRIBUTIONS ယ and Business or Corporation for those listings SOURCE CONTRIBUTION (CHECK ONE) Individual PAC Other THIS Returned PAGE (mo./day/yr. NTRIBUT 08/01/2016 12:38:29 PM FILED/CERT

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

in n-Kind Contributions received Яd Ca ndidate 9 elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source cash or loans on this form. exceed \$100.00, , the FCPA requires Use Forms 2 and 4 for those listings. all contributions from that source to be itemized

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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Corporation	Other Business/	Transportation	Rent	Food	Equipment	Polling	Advertising Consultants/	Advertising	ADDRESS (ADDRESS SHOULD INCLUDE EET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME) STR
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CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from On the Property of the P her Sources loans, interest, and other sources of

When total contributions from a single source exceed \$100.00, the FCPA requires **DO NOT LIST** cash or in-kind contributions on this form. Use Fo Use Forms 2 and 3 for those listings. all contributions from that source to be itemized

Sign		AGI	S P	ヹ	S	EPT	TOTAL REC					FORM REVISED 10.27.2011
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0000	7777			-			Forest Montaners	· · ·	7		Calmall 35040	Mout Mortunery
AMOUNT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		CE	ONE)	市 C S S	RECE	R	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	MEIPT	FORM	OF		

ABAMA FAIR CAMPAIGN PRACT ICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

Ü Expenditures рg candidate 9 elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



When total expenditures to a single recipient exceed \$100.00, the FCPA requires <u>a</u> expenditures to that recipient be it temized.

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173,50	1/2 //								7	5 7	205-941-9999 7e/hm	23 Design
9.40	11 die								17		570 Hu 31 CAlera.	Walmar
Kin Ke	11/24/16								7		866-527-1363, KS	Haffece Banners
Me in	Month								7		877-508-4569; TX	Nexberned Media Cor
J. 2	7/11/1/6	MA. Whenous									P.O. BOX 98/284 Elvaso, TX 79 998	GE Money Bank
72,29/	7/24/10								7		Miami Book Fl. 33/39	P.K. BRADICS
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Fundraising	Food	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	RESS OULD INC CITY, ST/	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		JRE	XPENDIT(X m	SE OF	JRPOS	٦					
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