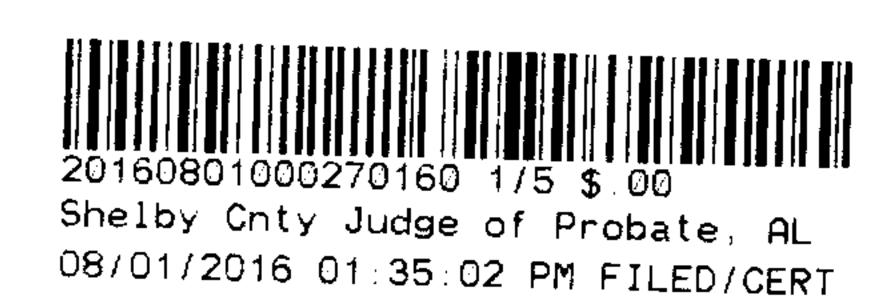
#### Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



			······································
Please Print in Ink or Type.			
Name of Candidate or Elected Official	Political Party/Ballot Affiliation	Date Covered by Report	17/14/16-
GREGORY FARREIL	Zepubilican		7/3/16
Office Sought or Held (include district or circuit number, if applicable)		<u></u>	Z Amended Deily Benet
Address Check box if reporting new address	<u> </u>	<u>L</u>	Amended Daily Report
161 STERLING Gate DR		Total Number of Pages in Report	5
City State ZIP Code	Telephone Number		
Alabasten Al 35007			
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous	ous filing)	1	
Cash Contributions		<u></u>	
2a Itemized cash contributions (total from Form 2)	) 2a Z	500	
2b Non-itemized cash contributions	2b		
		2c	2500
2c Total cash contributions (add lines 2a and 2b)			
In-Kind Contributions  3a Itemized in-kind contributions (total from Form	3) 3a	<i>←</i>	
3b Non-itemized in-kind contributions	3b	4	
3c Total in-kind contributions (add lines 3a and 3b	77 361		
Receipts from Other Sources	2m Earm (1) (1)	500 00	
4a Itemized Receipts from Other Sources (total from Other Sources)		500	
4b Non-itemized Receipts from Other Sources	4b)		1,50000
4c Total receipts from other sources (add lines 4a	1 and 40)	4c	(/>0
Expenditures		11 -70	
5a Itemized expenditures (total from Form 5)		4.70	
5b Non-itemized expenditures	5b		1/1/-20
5c Total expenditures (add lines 5a and 5b)		5c	164.70
6 Ending balance (add lines 1, 2c, & 4c, then subt	ract line 5c)	6	1,360.32
Candidates for State Office and State Elected Officia Candidates for County or Municipal Office and Coun	Is: File this report with the	Office of the Secretary of Officials: File this repor	f State. t with the Judge of
Probate of the county in which the office is sought.			
As required by the Alabama Fair Campaign Practices Act, I he	ereby Sworn to and sub	scribed before me this	day of
swear or affirm to the best of my knowledge and belief tha	at the	the year <u>2016</u> . I	My commission expires
attached report(s) and the information contained herein true and correct and that this information is a full and com		ay of March of the	
statement of all contributions, expenditures, and other requ	uired (inc 22)		/
information during the applicable period of time.	, Dehm	ih Xim t	Jan _
	Signature of Notary I	Public	
Signature of Candidate or Elected Official Date	6 Debo	rah Lunn) F	forton
FORM REVISED 9.2.2011	Print Notary's Name		

#### ABAMA FAIR AMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE 80 ELEC. TED OFFICIAL

### ontributions received by candidate or <u>e</u> e ted ficial

유 ANDIDATE ATE OR ELECTED OFFICIAL: (2/26 G/27 FA/7/264)
When total contributions from a single source exceed \$100.00, the FCPA requires

FORM REVISED 12 Cnty Judge of Probate, AL (INCLUDE FULL NAME) 08/01/2016 01:35:02 PM FILED/CERT Walkin 9.2.2011 NOT LIST in-kind contributions or loans on this form. 147 MOORES ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Spein 20. TOTAL Monte Use CASH orms all contributions CONTRIBUTIONS and Business or 유 Corporation ਰ੍ਰ CONTRIBUTION (CHECK ONE) Individual those listings. SOURCE from that source PAC Other Returned SIHT ರ ONTRIBUTIO be itemized. RECEIVED (mo./day/yr.) PAGE N DATE

#### **AMPAIGN PRAC** CES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELEC TED OFFICIAL

#### ontributions received fq Cal ndidate 0 of. icial

CANDIDATE OR ELECTED OFFICIAL: GREC

NAME OF

FORM (INCLUDE FULL NAME) REVISED Shelby Cnty Judge of Probate, AL 08/01/2016 01:35:02 PM FILED/CERT φ 2.2011 When total contributions from a single s STREE ADDRESS (ADDRESS SHOULD INCLUDE T OR P.O. BOX, CITY, STATE, AND ZIP) source cash or loans on this form. exceed \$100.00, the FCPA requires Administrative TOTAL NATURE OF CONTRIBUTION (CHECK ONE) Advertising Use Consultants/ Forms Polling Equipment N-KIND Food and all contributions Rent CONTRIBUTIONS Transportation those Other Business/ listings. from Corporation SOURCE (CHECK ONE) Individual that PAC source Other THIS ರ DATE be .om) PAGE itemized. /day/yr.)

#### ABAMA **AMPAIGN PRAC** CES AC AMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

#### Receip ner ources loan S intere and 0 ther sources of

VAME OF CANDIDATE When total contributions from a single source exceed \$100.00, OR R ELECTED OFFICIAL: the A requires all contributions from that source to be itemized.

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(INCLUDE 20160801000270160 4/5 \$ 00 Shelby Cnty Judge of Probate, AL 08/01/2016 01:35:02 PM FILED/CERT RECEIPT LL NAME) 3 TI ADDRESS
(ADDRESS SHOULD II STREET OR POCITY STORES) abu DO NOT LIST cash or in-kind contributions SHOULD INCLUDE OR P.O. BOX, ATE, AND ZIP) 25267 읶 Interest FORM Loan Other on this [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE THIS form. Use **UARANTORS** THIS BLOCK IF I Forms TOTAL  $[\mathcal{N}]$ W and 7 RECEIPT 2 RECEIPTS Lending listings. Institution RECEIPT SOURCE (CHECK ONE) PAC THIS Individual **Business** PAGE Other (mo./day/yr.) 7 ン RECEIVED Z 118/14 12/ RECEIPT AMOUNT 200 0 00 000 100 100

FORM

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9

2011

## ICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

# Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Copie FARREII



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

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149.55	7/28/1C	meternals						×	Jeanemis 35007 Kmy	A Hubuster, Al	Lowes Home Imparum
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging  Transportation	Fundraising Loan Repayment	Food	Contribution	Consultants/ Polling	Advertising	INCLUDE STATE, AND ZIP) Administrative	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		URE	XPENDITURE ONE)	H H H H H H H H H H H H H H H H H H H	PURPOSE	PL					