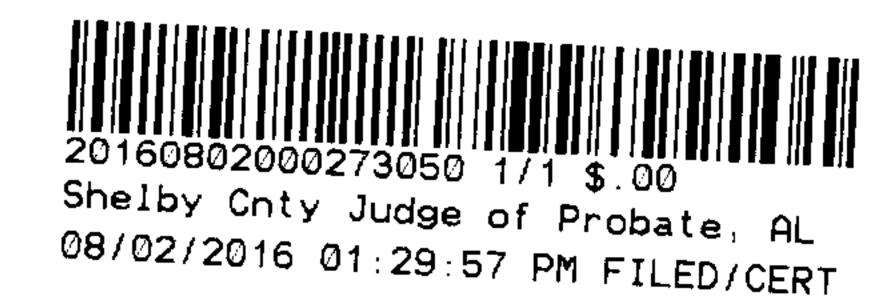




## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) Lity of Kelham Leuncil - Mace L For Monthly Reports Month in which the Address Check box if reporting new address report is filed. For Weekly Reports Date of Friday in the **Telephone Number** ZIP Code week in which the Alaboura 35124 report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions Total in-kind contributions (add lines 3a and 3b) Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) **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) Candidates for State Office: File this report with the Office of the Secretary of State. Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought. As required by the Alabama Fair Campaign Practices Act, Thereby—Sworn to and subscribed before me this 28 swear or affirm to the best of my knowledge and belief that the of the year 2016. My commission expires attached report(s) and the information contained herein are day of April of the year 2020 em true and correct and that this information is a full and complete the statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Notary Public

Print Nota MY COMMISSION EXPIRES APRIL 6, 2020

Date

Signature of Candidate or Elected Official