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



Shelby Cnty Judge of Probate, AL 08/03/2016 01:51:34 PM FILED/CERT

	Please Print in Ink or Type.			
Na	me of Candidate or Elected Official Party	/Ballot Affiliation	Type of Report (check	•
Of	fice Sought or Held (include district or circuit number, if applicable)		Monthly Weekly	Amended Monthly Amended Weekly
	MAUN P		For Monthly Reports	
Ad	dress Check box if reporting new address		Month in which the report is filed.	July
	51 Bradbullo		For Weekly Reports	
Cit	State ZIP Code Telephone Nu	ımber	Date of Friday in the week in which the report is filed.	
	C/C/O/O/O/J		Total Number of	
			Pages in Report	2
S	ummary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1	162.48
	Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 25	D, OQ	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	1/60	2c	50.00
	In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b2	00,00	
3с	Total in-kind contributions (add lines 3a and 3b)	3c		
	Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b 250 00		
4c	Total receipts from other sources (add lines 4a and 4b)		4c	757,00
1	Expenditures			
5a	Itemized expenditures (total from Form 5)	5a 20	9.00	
5b	Non-itemized expenditures	5b	7.50	
5c	Total expenditures (add lines 5a and 5b)		5c	2657
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6 /	800.98
Cai	ndidates for State Office: File this report with the Office of the Se	ecretary of State		
Cai	ndidates for County or Municipal Office: File this report with the	Judge of Prob	ate of the county in whi	ch the office is sought.
As re	equired by the Alabama Fair Campaign Practices Act, I hereby Swo	rn to and subsci	ibed before me this	314 day of
	ar or affirm to the best of my knowledge and belief that the	by of the	e year 2016	My commission expires
rue	and correct and that this/information is a full and complete the	DEHL day	of March of the	Vear DAI)
tate	Their of an continuary is, expenditures, and puner required	_	_	
	region during the applicable period of time.	1 Della	The Show	Herton
Sinne		ature of Notary Pub	lic	
วเนินร	ature of Candidate or Elected Official Date	Debor	ah Lunn	Horton

Print Notary's Name

PRA CTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED OFFICIAL

itures by candidate elected official

CANDIDATE ELECT TED OFFICIAL:



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

FORM REVISED 10.27.2011		 	3400 2/3 idge of P	1 ODG C ~)	ALERT	10st Mot	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
						Chelsen ansson	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
							Administrative Advertising Consultants/ Polling Charitable Contribution	
TOTAL EXPEND							Food Fundraising Loan Repayment Lodging Transportation	PURPOSE OF EXPENDITURE (CHECK ONE)
TURES THIS							OTHER GIVE BRIEF EXPLANATION	URE.
PAGE						1/1///	DATE OF EXPENDITURE (mo./day/yr.)	
2000						2000	AMOUNT OF EXPENDITURE	

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

FORM 2: Contributions received candidat 9 elected

NAME OF CANDIDATE OR ELECTED OFFICIAL: When total contributions from a single source exceed \$100.00, the FCPA report total contributions from a single source exceed \$100.00, the FCPA reports to the contributions of loans on this form. SON 2001

the FCPA requires all contributions from that source to be itemized.
on this form. Use Forms 3 and 4 for those listings.

2750/6	IS PAGE	HI S	S N	BUT	R	TOTAL CASH CONT	FORM REVISED 10.27.2011
					<u></u>		halby Co.
							t∨ Judae
							3/3 \$.00 of Proba
					<u>2.480</u>		ile, Hr
250	7/11/16				5	P.D. BOX 43, Cholsen 35003	Autro Flortonics
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
		JION E)	URCE TRIBUT	SOUF CONTR (CHECK	유		CONTRIBUTOR