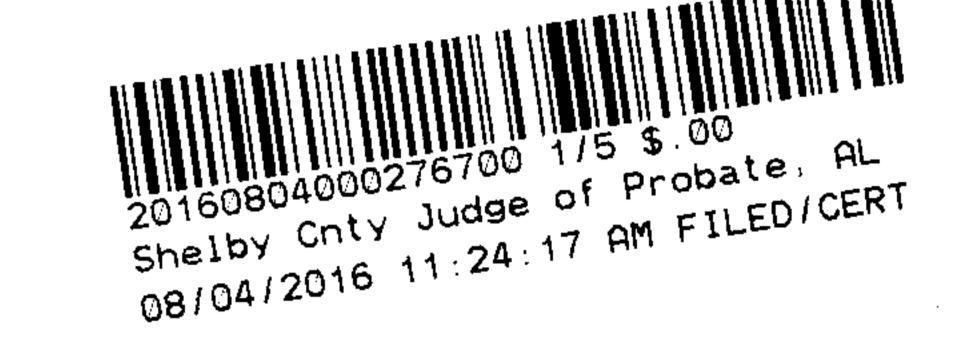
Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



		0870-1-		
Please Print in Ink or Type.	Ballot Affiliation	Type of Report	(check	one)
Name of Candidate or Elected Official Political Party/E	/	Mont	hly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)	700	Weel	kly	Amended Weekly
1/2 Country to Commission 4		For Monthly Re	•	
Address Check box if reporting new address		Month in which report is filed.	tne	July 2016
125 Summer Sout Lane		For Weekly Re		
City State ZIP Code Telephone Nui	mber	Date of Friday i week in which t		
A19545ten 146 35007		report is filed.	-£	
		Total Number of Pages in Repo		5
Summary of activity since last filed report				
1 Beginning balance (ending balance from previous filing)			1	142.43
Cash Contributions				
2a Itemized cash contributions (total from Form 2)	2a /	7		
2b Non-itemized cash contributions	2b			
2c Total cash contributions (add lines 2a and 2b)			2c	
In-Kind Contributions			1	
3a Itemized in-kind contributions (total from Form 3)	3a			
3b Non-itemized in-kind contributions	3b		1	
3c Total in-kind contributions (add lines 3a and 3b)	3c 2		1	
Receipts from Other Sources			J	
4a Itemized Receipts from Other Sources (total from Form 4)	42	<u> </u>		
	4b 0			
4b Non-itemized Receipts from Other Sources			4c	
4c Total receipts from other sources (add lines 4a and 4b)			40	
Expenditures	F 0			
5a Itemized expenditures (total from Form 5)	5a 6			
5b Non-itemized expenditures	[5b]		5c	
5c Total expenditures (add lines 5a and 5b)			6 1	1112
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			101	142,42
Candidates for State Office: File this report with the Office of the S	ecretary of Stat	e.	المدينة المالية	sigh the office is cought.
Candidates for County or Municipal Office: File this report with th				· 11-+1
As required by the madaman an earning as a second as	_	cribed before me		47° day of
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are		he year $\frac{2010}{2000}$	<u></u>	My commission expires
true and correct and that this information is a full and complete the	2000 day	of MM	of th	e year <u>208</u>
statement of all contributions, expenditures, and other required information during the applicable period of time.	Vo Mo		1/1	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1000		<u> </u>	
Signature of Candidate or Elected Official Date	nature of Notary Pu	iblic)	MA	Mand
Jighature or Carialidate or Election Official	U 1008	IU L.	IW	IWIU

Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

Contributions received by candidate or elected official TE OR ELECTED OFFICIAL: \\\\\\\alpha\lambda\

Z

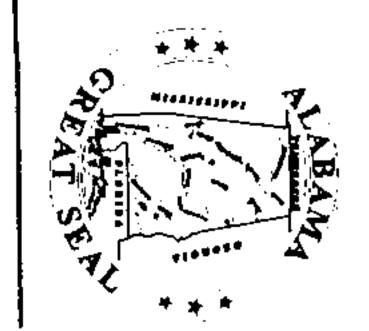
	HIS PAGE	RIBUTIONST	TOTAL CASH CONTR	FORM REVISED 9.2.2011
1 66-5				
08040002 by Cnty				
Junge of				
5 \$.00 Probate				
, · · · -				
				Mons
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Individual PAC Other Returned	STREET OR P.O. BOX, CITY, STATE, AND ZIP) SING OF THE PROPERTY OF THE PROPERT	CONTRIBUTOR (INCLUDE FULL NAME)
AMOUNT	DATE	CONTRIBUTION (CHECK ONE)	OF OF	
		s liotti ulat source)r those listings.	Itions from a single source exceed \$100.00, the FCPA requires all commonions on this form. Use Forms 3 and 4 for NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 forms are contributions or loans on the form.	When total contribu D
	to he itemized			AME OF CANDIDAIR OR ELECTE

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

FORM 3: In-Kind Contributions received , fig. candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: When total contributions from a single source **DO NOT LIST** cash exceed \$100.00, the FCPA requires all contributions from that source

	IIS PAGE	S TH	2		R	Ž	6	N				7			ORM REVISED 9.2.2011
		·			<u> </u>	<u>.</u>									
1															
				 				<u> </u>							
							<u></u>					<u> </u>			
				<u> </u>											
_															
 -					<u> </u>			<u> </u>							
						<u> </u>					<u>.</u>				Mond
	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Corporation Individual	Business/	Other	Rent Transportation	Food	Equipment	Polling	Advertising Consultants/	Administrative	ADDRESS DDRESS SHOULD INCLUDE OR P.O. BOX, CITY, STATE, AND ZIP)	STREET (A	(INCLUDE FULL NAME)
			URCE CK ONE)	SOL (CHEC		Ö	BUTIC	NTRIE ONE)	F CO?	Ω ο	ATURE	z			
1			S.	sting	ose li	T =	d 4 fo	2 and	rms ;	Fo	. Use	form	DO NOT LIST cash or loans on this		



to be itemi

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

S and other interest, Source's loans, Receipts from Other

OF NAME

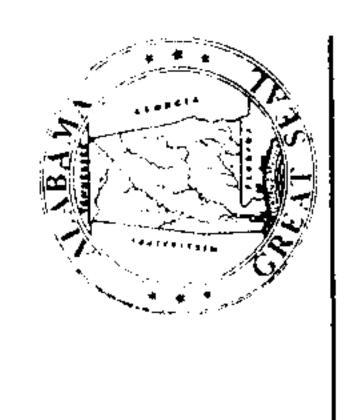
When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that sou **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. 1110 2 ra DATE OR ELECTED OFFICIAL: __

	AMOUN! OF RECEIPT								
	DATE RECEIVED (mo./day/yr.)								
Ω Π	Other								 ΑG
OUR ONE)	ssənisu8				<u></u>				 S
PT SO	Individual		<u></u>					· · · · · · · · · · · · · · · · · · ·	王
න ට	PAC						<u>,,,,</u>		 S
RE	Lending Institution	==							 <u>H</u>
COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	GUARANTORS [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]								TOTAL REC
IPT T	Other								
RECE	Loan								
0 F R	Interest						,·,·		
	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)								
	SOURCE OF RECEIPT (INCLUDE FULL NAME)	Mans		201 She 08	60804000 elby Cnty /04/2016	276700 4 Judge 0	/5 \$.00 f Probate	e, AL ED/CERT	FORM REVISED 10.27.2011

D OFFICIAL ELECTE ઍ CANDIDATE FOR REPORT CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE FAIR ALABAMA

ORM 5: Expenditures by candidate or elected officia

E OF CANDIDATE OR ELECTED OFFICIAL: (A)



EXPENDITURE AMOUNT itemized EXPENDITURE PAGE recipient be THIS GIVE BRIEF EXPLANATION OTHER that ES **2** UR. expenditures OF EXPENDITURE HECK ONE) ENDIT Transportation paigbod EXP Repayment rosu = PURPOSE (C) **Eundraising** requires TOTA Food Charitable Contribution Polling / Consultants/ **Advertising** Administrative 00. ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP single recipient exceed \$ n total expenditures to a PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) .2011 10.27 FORM REVISED 20160804000276700 5/5 \$.00 Shelby Cnty Judge of Probate, AL 08/04/2016 11:24:17 AM FILED/CERT