



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



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Shelby Cnty Judge of Probate, AL  
08/08/2016 09:50:30 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>William Thomas Edwards</b>		Political Party/Ballot Affiliation <b>Republican</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>Shelby County Commission District 2</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>568 Southern Hills Dr</b>			
City <b>Calera</b>	State <b>AL</b>	ZIP Code <b>35040</b>	Telephone Number <b>[REDACTED]</b>

## Type of Report (check one)

- ☒ Monthly  
☐ Weekly  
☐ Amended Monthly  
☐ Amended Weekly

For Monthly Reports  
Month in which the report is filed.

**June**

For Weekly Reports  
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<b>316.24</b>
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	
3b	Non-itemized in-kind contributions	3b	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>316.24</b>

**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, I hereby 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.

Signature of Candidate or Elected Official

**8/8/16**  
 Date

Sworn to and subscribed before me this **8th** day of **August** of the year **2016**. My commission expires the **28th** day of **March** of the year **2020**.

Signature of Notary Public

**Deborah Lynn Horton**  
 Print Notary's Name