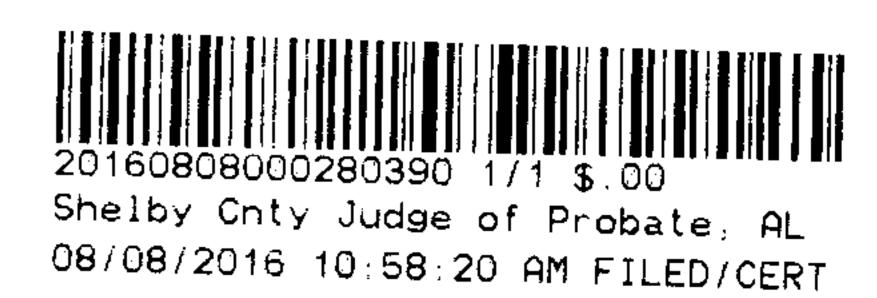


Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



	Plea	ese Print in Ink o	r Type.								
Name of Candidate or Elected Official			Political Party/	Ballot Affiliation	Type of Report (check one)						
Laura Joseph						Month	,		ended Monthly		
Office Sought or Held (include district or circuit number, if applicable)						×	Weekl	У	Am	ended Weekly	
Helena City Council, Place 4 Address					For Monthly R Month in which			•			
						report is f					
2225 Old Cahaba Place					For Weel Date of F						
City Helena		State ZIP Code 35080		Telephone Number		week in which the			08/05/2016		
1 10 10 10 10 10 10 10 10 10 10 10 10 10		35080			report is filed. Total Number of		E				
·						Pages in				3	
S	ummary of activity since	last filed	report				1				
1	Beginning balance (ending	balance fr	om previo	us filing)				1		\$587.49	9
	Cash Contributions								······································		
2a	Itemized cash contribution	2a	\$	0.00							
2b	Non-itemized cash contrib	2b				·					
2c	2c Total cash contributions (add lines 2a and 2b)							2c	·	\$0.00	
	In-Kind Contributions		·				·. L	_			
За	Itemized in-kind contribution	3a	\$	0.00							
3b	Non-itemized in-kind contr	3b	\$	0.00			•				
3c	Total in-kind contributions	3c	\$	0.00	•						
	Receipts from Other Sour	ces				· · · · · · · · · · · · · · · · · · ·					
4a	Itemized Receipts from Otl	4a	\$	0.00							
4b	Non-itemized Receipts from	4b	\$	0.00							
4c	Total receipts from other sources (add lines 4a and 4b)							1c		\$0.00	5
	Expenditures					÷ .		•	. :		
5a	Itemized expenditures (total from Form 5)				5a	\$	0.00			·.	
5b	Non-itemized expenditures	S	<u> </u>	· · · · · · · · · · · · · · · · · · ·	5b			<u> </u>			
5c	Total expenditures (add lin	es 5a and 8	5b)					5c		\$0.00)
6	Ending balance (add lines 1	, 2c, & 4c, t	hen subtra	act line 5c)		· · · · · · · · · · · · · · · · · · ·		6		\$587.49	3
Ca	ndidates for State Office: File	e this report v	vith the Offi	ce of the Se	ecretary of Sta	te.					
Ca	ndidates for County or Munic	cipal Office:	File this re	port with the	Judge of Pro	bate of the	county	in whi	ch the	office is sought	ţ,
Asr	equired by the Alabama Fair Cam	paign Practic	es Act, I here	eby Swo	rn to and subs	cribed befor	e me t	his	5	day of	
swear or affirm to the best of my knowledge and belief that the $\int_{0}^{\infty} dt dt dt = \int_{0}^{\infty} \int_{0}^{\infty} dt dt = \int_{0}^{\infty} \int_{0}^{\infty} dt dt dt = \int_{0}^{\infty} \int_{0}^{\infty} dt dt = \int_{0}^{\infty} \int_{0}^{\infty} dt dt dt dt = \int_{0}^{\infty} \int_{0}^{\infty} dt dt dt dt = \int_{0}^{\infty} \int_{0}^{\infty} dt dt dt dt dt = \int_{0}^{\infty} \int_{0}^{\infty} dt $											
attached report(s) and the information contained herein are true and correct and that this information is a full and complete the 15 ms day of Color of the year 2016											
statement of all contributions, expenditures, and other required										-676	
info	mation during the applicable pe	riod of time.			Lachar	0 -	7	×	L 2 1		i
HUM Self ESOW Signature of Notary Public										<u> </u>	
-S ign	ature of Candidate or Elected Official	Backar	AA. F	1	/1017	A m		1			
FORM REVISED 9 2 2011 Print Notary's Na								1/00			}