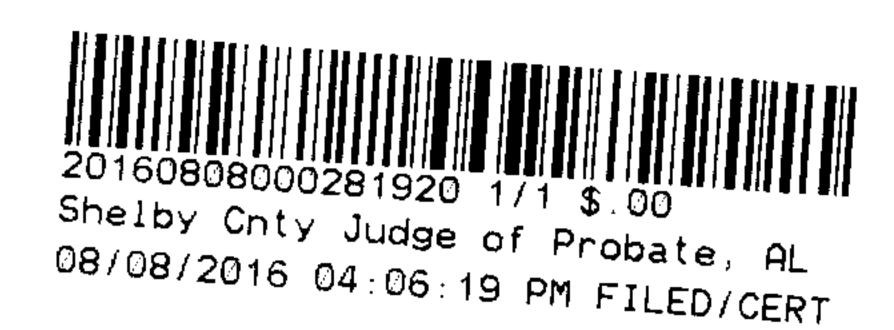
Kerri Pate

Name of Candidate or Elected Official



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Amended Monthly Monthly Amended Weekly Weekly Office Sought or Held (include district or circuit number, if applicable) For Monthly Reports Alabaster City Council Ward 7 Candidate Month in which the

Address Check box if reporting new address 3000 N Grande View Cv				report is filed.		
				For Weekly Reports		
City	State	ZIP Code	Telephone Number	Date of Friday in the week in which the	08/05/2016	
Maylene	AL	35114		report is filed.		
			<u></u>	Total Number of Pages in Report		,

Summary of activity since last filed report Beginning balance (ending balance from previous filing) 1380.36 **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** 3a Itemized in-kind contributions (total from Form 3) 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) Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) 5c Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 1380.36

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.

Print Notary's Name

As required by the Alabama Fair Campaign Practices Act, I hereby Sworn to and subscribed before me 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

Sworn to and subscribed before me this3 /1 day of
alla. of the year 2016. My commission expire
the 35th day of Much of the year 31.32.
Debornh Stynn Harton
Signature of Notary Public
Debrah Lynn Horton