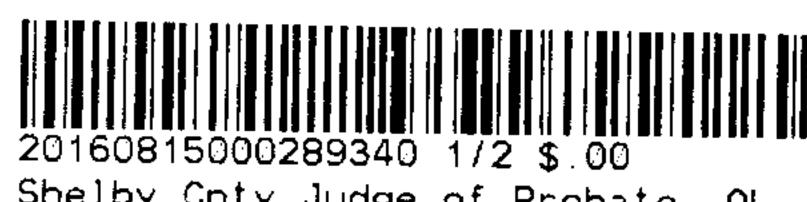
MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Cambidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Shelby Cnty Judge of Probate, AL 08/15/2016 08:32:10 AM FILED/CERT

Please Print in Ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation Amended Monthly Monthly Amended Weekly Weekly Office Sought or Held (include district or circuit number, if applicable) For Wonthly Reports Month in which the Check box if reporting new address report is filed. For Weekly Reports Date of Friday in the ZIP Code Telephone Number week in which the report is filed. Total Number of Pages in Report Summary of activity since last filed report The second of th Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions 2b Total cash contributions (add lines 2a and 2b) In-Kind Contributions 3a Itemized in-kind contributions (total from Form 3) 3a 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 4b Total receipts from other sources (add lines 4a and 4b) 4c Expenditures Itemized expenditures (total from Form 5) Non-itemized expenditures Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

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 rais 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.

Candidates for State Office: File this report with the Office of the Secretary of State.

Signature of Candidate or Elected Official Date

Sworn to and	d subscribed before me this	day of
aux	of the year <u>2016</u>	My commission expire
the <u>\$84</u>	day of Mmh of	the year 2020 .
	_	

Signature of Notary Public

Signature of Notary Public

Deborah Lywn Horton
Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACT TICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Ğο ELECTED OFFICIAL

Expenditures by candidate or elected official TE OR ELECTED OFFICIAL: This Russby total expenditures to a single recipient exceed \$100.00, the FCPA requi

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total expenditures requires all expenditures to that recipient be itemized.

FORM REVISED 9.2.2011	Sh	elby Cnt	0289340 y Judge 08:32:1	of Proba	ate, AL		Mollage Stales	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
							ass supercenter Dr.	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
TOTAL EXPENDITURES THIS PA							X CAMPAIGN &	Administrative Advertising Consultants/ Polling Contribution Food Fundraising Loan Repayment Lodging Transportation EXPLANATION	PURPOSE OF EXPENDITURE (CHECK ONE)
PAGE //							114/16	CHENDITURE AMOUNT (mo./day/yr.) EXPENDITURE	