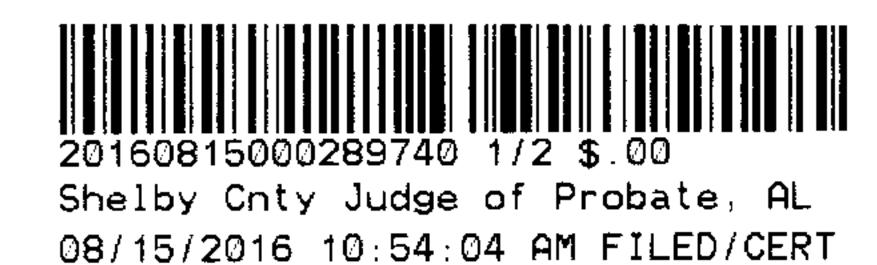


## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



|         | Please Print in Ink or Type.   |                                       |         |  | Towns of Downsel                    | k /alba ale                                     | 1                                      |        |
|---------|--|---------------------------------------|---------|--|-------------------------------------|---|--|--------|
| 1       |  | Political Party/                      | Ballot  | Affiliation                            | Type of Report Mont                 | •   | Amended Mo                             | nthly  |
|         | RY WILLIAM WATERS  |                                       |         |  | ☐ Wee                               | •   | Amended We                             | •      |
| 1       | ce Sought or Held (include district or circuit number, if applicable)  YOR, CITY of PELHAM                         |                                       |         |  | For Monthly R                       | -   |  |        |
|         | ress Check box if reporting new address  |                                       |         |  | Month in which                      | -   |  |        |
| P.      | O. BOX 822   |                                       |         |  | report is filed.  For Weekly Re     | ports   |  |        |
| City    | State ZIP Code   | Telephone Nu                          | mber    |  | Date of Friday i                    | n the   | 08/19/201                              | 16     |
| PE      | LHAM AL 35124  |                                       |         |  | week in which t<br>report is filed. | ne  |  |        |
| <b></b> |  |                                       | •       |  | Total Number of Pages in Repo       |   | 2                                      |        |
| S       | ummary of activity since last filed report   |                                       |         |  |                                     |   |  |        |
| 1       | Beginning balance (ending balance from previous  | us filing)                            |         |  |                                     | 1   | \$93                                   | 34.32  |
|         | Cash Contributions   |                                       |         |  |                                     | <del></del>                                     | <u> </u>                               |        |
| 2a      | Itemized cash contributions (total from Form 2)  |                                       | 2a      | · · · · · · · · · · · · · · · · · · ·  | \$0.00                              |   |  |        |
| 2b      | Non-itemized cash contributions  |                                       | 2b      | <u></u>                                | \$0.00                              |   |  |        |
| 2c      | Total cash contributions (add lines 2a and 2b)   | · · · · · · · · · · · · · · · · · · · | <u></u> | ······································ |                                     | 2c  |  | \$0.00 |
|         | In-Kind Contributions  | · · · · · · · · · · · · · · · · · · · |         |  |                                     | <u>l , ,                                   </u> | ······································ |        |
| 3a      | Itemized in-kind contributions (total from Form 3  | 3)                                    | 3a      | · · · · · · · · · · · · · · · · · · ·  | \$0.00                              |   |  |        |
|         | Non-itemized in-kind contributions   | · · · · · · · · · · · · · · · · · · · | 3b      | · · · · · · · · · · · · · · · · · · ·  | \$0.00                              |   |  |        |
| 3c      | Total in-kind contributions (add lines 3a and 3b)  |                                       | 3c      |  | \$0.00                              |   |  |        |
|         | Receipts from Other Sources  |                                       | <br>    | <u> </u>                               |                                     | J   |  |        |
| 4a      | Itemized Receipts from Other Sources (total from   | n Form 4)                             | 4a      |  | \$0.00                              |   |  |        |
| 4b      | Non-itemized Receipts from Other Sources   |                                       | 4b      |  | \$0.00                              |   |  |        |
| 4c      | Total receipts from other sources (add lines 4a a  | and 4b)                               |         |  |                                     | 4c  |  | \$0.00 |
|         | Expenditures   |                                       |         |  |                                     |   | · · · · · · · · · · · · · · · · · · ·  |        |
| 5a      | Itemized expenditures (total from Form 5)  |                                       | 5a      |  | \$167.02                            |   |  |        |
| 5b      | Non-itemized expenditures  |                                       | 5b      |  | \$0.00                              |   |  |        |
| 5c      | Total expenditures (add lines 5a and 5b)   |                                       |         |  |                                     | 5c  | \$10                                   | 67.02  |
| 6       | Ending balance (add lines 1, 2c, & 4c, then subtra   | ct line 5c)                           |         | <b>-</b>                               |                                     | 6   | \$76                                   | 67.30  |
| Ca      | ndidates for State Office: File this report with the Office  | ce of the Se                          | ecret   | ary of State                           |                                     |   |  |        |
|         | ndidates for County or Municipal Office: File this rep   |                                       |         |  |                                     | y in wh   | ich the office is s                    | ought. |
| Asr     | equired by the Alabama Fair Campaign Practices Act, I here   | by Swo                                | rn to   | and subsc                              | ribed before me                     | this <u> </u>                                   | 5th day                                |        |
|         | ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein a | the Au                                | Qu      | st of th                               | e year 2016                         | •   | My goth Rolls                          | XXXX   |
|         | and correct and that this information is a full and comple   | ete the                               | 23      | scal day                               | of Julu-                            | of the  | ear 300690                             | 10/1/2 |
|         | ement of all contributions, expenditures, and other requirement of during the applicable period of time            | ed "" -                               |         |  |                                     |   | 5 * · F · 20 / 20 - 20 5               |        |
| 1011110 | mation during the applicable period of time.   |                                       | 7       | Jane                                   | 1/1.tan                             |   |  | R      |
| -       | 4-7 W/W/X  |                                       |         | of Notary Pub                          |                                     | 4   | £ :8.                                  | 000    |

Date

Print Notary's Name

Signature of Candidate or Elected Official

## ABAMA FAIR CAMPAIGN PRACT TICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

## Expenditures by candidate or elected off ficial

NAME OF CANDIDATE OR ELECTED OFFICIAL:



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itel

| \$167.02                    | AGE                          | TURES THIS P                 | EXPENDIT        | XPE                          | m           | 710    |                                 |              |             |  | FORM REVISED 10.27.2011   |
|-----------------------------|------------------------------|------------------------------|-----------------|------------------------------|-------------|--------|---------------------------------|--------------|-------------|--|---|
|                             |                              |                              |                 |                              |             |        |                                 |              | <del></del> |  |   |
|                             |                              |                              |                 |                              |             |        |                                 |              |             |  | Shel  |
|                             |                              |                              |                 |                              |             |        |                                 |              |             |  | 081500029<br>by Cnty<br>5/2016 1                                |
|                             |                              |                              |                 |                              |             |        |                                 |              | <u></u>     |  | Judge of  |
|                             |                              |                              |                 |                              |             |        |                                 |              |             |  | Probate,  |
|                             |                              |                              |                 |                              |             |        |                                 |              |             |  | ALCERT  |
|                             |                              |                              |                 |                              |             |        |                                 |              | <u> </u>    |  |   |
| \$97.02                     | 08/09/2016                   |                              |                 |                              |             |        |                                 |              | ~           | Word Drive Pelham, AL 35124  | HOME DEPOT  |
| \$70.00                     | 08/09/2016                   | P.O.BOX renewal              | ·               |                              |             |        |                                 |              | ^           | ON LINE  | USPS  |
| AMOUNT<br>OF<br>EXPENDITURE | EXPENDITURE<br>(mo./day/yr.) | OTHER GIVE BRIEF EXPLANATION | Transportation  | Loan<br>Repayment<br>Lodging | Fundraising | Food   | Polling Charitable Contribution | Consultants/ | Advertising | ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) inistration of the control of the co | PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) |
|                             |                              | JRE                          | ENDITURE<br>(E) | CHECK ONE                    | SE OI       | PURPOS | P                               |              |             |  |   |