

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Shelby Cnty Judge of Probate, AL 08/15/2016 01:57:58 PM FILED/CERT

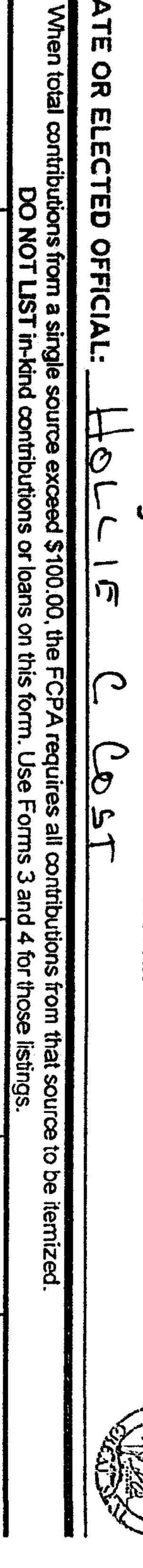
Please Print in Ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation Amended Monthly Monthly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) MAYOR - MONTEUALLO For Monthly Reports Month in which the Address Check box if reporting new address report is flied. PINEVIEW RD For Weekly Reports Date of Friday in the 8-12-16 ZIP Code Telephone Number State week in which the 32112 MONTEVALLO report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) 220 Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) In-Kind Contributions Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions **3**b 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) 5a 5b Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 32 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 Sworn to and subscribed before me this day of swear or affirm to the best of my knowledge and belief that the August of the year 2016 ___. My commission expires attached report(s) and the information contained herein are true and correct and that this information is a full and complete day of August of the year 2017 statement of all contributions, expenditures, and other required information during the applicable period of time. 8-15-16 Signature of Notary Public Signature of Candidate or Elected Official Date

Print Notary's Name

TICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contrib utions received рij candidate 9 elected official

NAME OF CANDIDATE OR ELECTED



220,00	THIS PAGE	NS T	OITIO	RIBU	TOTAL CASH CONT	ORM REVISED 10.27.2011
_						
- ,						
40 2/5 \$ ge of Pr 7:58 PM						
				· · · · · · · · · · · · · · · · · · ·		
70	8-5-18				SIOPINEWIEW CD MONSEWALLO, AC 35115	HOLLIE COST
150	828				SIOF. NEW EW RD RONSTEVELLO, A-35115	HOWE COS
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other Returned	PAC	Corporation Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) BUSING	(INCLUDE FULL NAME)
		CE BUTION ONE)	HCX C	OF CO	3	

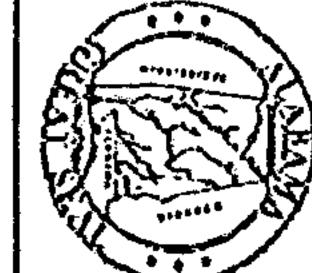
ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: n-Kind ontributions received бq can didate 9 elected official

Inform total apprintment of the state of the	NAME OF CANDIDATE OR ELECTED OFFICIAL:
	もつして一川
	Ċ
	Cost

vvnen total contribu DO NOT LIST cash cash or loans exceed this Forms 2 all contributions or or those listings. from that source to be itemized.

FORM REVISED 10.27.2011 (INCLUDE FULL NAME) ADDRESS (ADDRESS SHOULD INCLUDE ET OR P.O. BOX, CITY STATE STATE, AND ZIP) Administrative TOTAL NATURE OF CONTRIBUTION (CHECK ONE) Advertising Consultants/ Polling Z Equipment KIND Food Rent CONTRIBUTIONS Transportation Other Business/ Corporation SOURCE (CHECK ONE) Individual PAC SHI Other ONTRIBUTION PAGE CONTRIBUTION AMOUNT 20160815000291040 3/5 \$.00 Shelby Cnty Judge of Probate, AL 08/15/2016 01:57:58 PM FILED/CERT



ALABAMA FAIR CAMPAIGN PRA CTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FOR Y 4. Receipt S from her Sourc PS loans, interest, and other sources 9 income

NAME OF CANDIDATE OR ELECTED When total contributions from a single source exceed \$100.00, the DO NOT LIST cash or in-kind contributions on the OFFICIAL: 177

FCPA requires

all contributions

from that source to be itemized.

and

FORM REVISED 10.27.2011 SOURCE OF RECEIPT (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP) OF RECEIPT Interest Loan Other on this form. [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE HIS BLOCK IF I Use ARANTORS Forms 2 TOTAL RECEIPT RECEIPTS for those listings. Lending Institution RECEIPT SOURCE (CHECK ONE) PAC SHI Individual PAGE **Business** Other RECEIVED (mo./day/yr.) AMOUNT OF RECEIPT 20160815000291040 4/5 \$.00 Shelby Cnty Judge of Probate, AL 08/15/2016 01:57:58 PM FILED/CERT

ALABAMA FAIR CAMPAIGN PRAC CTICES AMPAIGN FINANCE REPORT FOR ANDIDATE Дo ELECTED OFFICIAL

下 の R Z **U**I Expenditu res ĥф 0

NAME OF CANDIDATE OR ELECT OFFICIAL: M

When total expenditures

Ö

۵

single

recipient exceed

\$100.00.

the

77

CPA

requires

<u>a</u>

expenditures

ಠ

that

recipient

9

itemiz

zed.



FORM REVISED 10.27.2011 PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) 60% 7 (ADDRESS SHOULD STREET OR P.O. BOX, CITY, W INCLUDE STATE, AND ZIP) Administrative Advertising Consultants/ Polling Charitable Contribution PURPOSE OF EXPENDITURE (CHECK ONE) TOTAL Food Fundraising EXPENDITURES Loan Repayment Lodging Transportation GIVE BRIEF EXPLANATION ち OTHER SIHT **4** PAGE DATE OF EXPENDITURE ∞ **60** (mo./day/yr.) ರ_ EXPENDITURE 0 9 W 20160815000291040 5/5 \$ 00 Shelby Cnty Judge of Probate, AL 08/15/2016 01:57:58 PM FILED/CERT