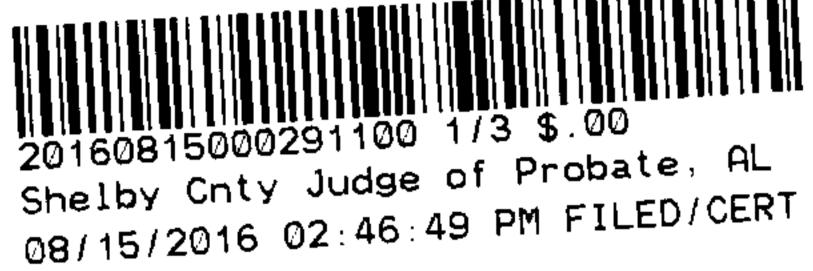


Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) For Monthly Reports Month in which the Check box if reporting new address report is filed. For Weekly Reports Date of Friday in the Telephone Number ZIP Code City week in which the 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) Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) 2c 20.00 **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) 3c 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** 298.48 Itemized expenditures (total from Form 5) Non-itemized expenditures Total expenditures (add lines 5a and 5b) 5c 298.48 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 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. Sworn to and subscribed before me this As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the Cluquet of the year 20 . My commission expires attached report(s) and the information contained herein are NOTARY PUBLIC STATE OF ALABAMA AT LARGE true and correct and that this information is a full and complete the dayyotommission expirest March 8, 2017 statement of all contributions, expenditures, and other required BONDED THRUMERCHAMES BONDING CO. (MUTUAL) information during the applicable period of time.

Signature of Notary Public

Print Notary's Name

Date

Signature of Candidate or Elected Official

FOR CANDIDATE & ELECTED OFFICIAL

elected official

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Date, ALILED/CERT				
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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Business or Corporation Individual PAC Other Returned	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
) }	SOURCE OF CONTRIBUTION (CHECK ONE)		
	to be itemized.	tions from t 4 for those	utions from a single source exceed \$100.00, the FCPA requires all contributions from a single source exceed \$100.00, the FCPA requires all contributions or loans on this form. Use Forms 3 and	When total contribution
			D OFFICIAL:	ANDIDATE
		icial icial	Utions received by candidate or elected of	FORM 2: Contribu

ALABAMA FAIR CAMPAIGN PRAC TICES AMPAIGN FINANCE REPORT FOR C ANDIDATE Qο ELECTED OFFICIAL

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FORM REVISED 10.27.2011 FOH WOH PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) Moolly When total expenditures STREE: (ADDRESS T OR P.O. B(INCLUDE STATE, AND Administrative Advertising Consultants/ Polling Charitable Contribution PURPOSE OF E TOTAL Food Fundraising EXPENDITURES Loan EXPENDITURE CK ONE) Repayment Lodging Transportation GIVE BRIEF EXPLANATION OTHER SHI PAGE EXPENDITION (mo./day/y 8/3/16 2/18/16 URE AMOUNT OF EXPENDITURE 398 20160815000291100 3/3 \$.00 Shelby Cnty Judge of Probate, AL 08/15/2016 02:46:49 PM FILED/CERT