

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160815000291520 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 08/15/2016 03:53:02 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Larry Sailes			Political Party/Ballot Affiliation Independent
Office Sought or Held (include district or circuit number, if applicable) Mayor of Alabaster			
Address ☐ Check box if reporting new address P. O. Box 2122			
City Alabaster	State Alabama	ZIP Code 35007	Telephone Number [REDACTED]

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

For Weekly Reports

Date of Friday in the week in which the report is filed.

August 19, 2016

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$2301.97
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0.00	
2b	Non-itemized cash contributions	2b	0.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	0.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0.00	
3b	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				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0.00	
4b	Non-itemized Receipts from Other Sources	4b	0.00	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	0.00	
5b	Non-itemized expenditures	5b	0.00	
5c	Total expenditures (add lines 5a and 5b)	5c	0.00	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$2301.97	

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 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

Aug 15, 2016
 Date

Sworn to and subscribed before me this 15th day of Aug of the year 2016. My commission expires the 25th day of March of the year 2020.

Signature of Notary Public

Deborah Lynn Horton
 Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

[illegible]



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



FORM 5: Expenditures by candidate or elected official

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 itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)									DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation		
FORM REVISED 10.27.2011	TOTAL EXPENDITURES THIS PAGE										N/A	