



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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Shelby Cnty Judge of Probate, AL
08/17/2016 09:05:36 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Laura Joseph		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Helena City Council, Place 4			
Address <input type="checkbox"/> Check box if reporting new address 2225 Old Cahaba Place			
City Helena	State AL	ZIP Code 35080	Telephone Number ()

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.

08/12/2016

Total Number of
Pages in Report

1

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$587.49
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$0.00	
2b	Non-itemized cash contributions	2b		
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		
5c	Total expenditures (add lines 5a and 5b)	5c	\$0.00	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$587.49	

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]
Signature of Candidate or Elected Official

08/12/2016
Date

Sworn to and subscribed before me this 12th day of August of the year 2016. My commission expires the 22nd day of Oct of the year 2016.

[Signature]
Signature of Notary Public

Barbara F. Hyche
Print Notary's Name