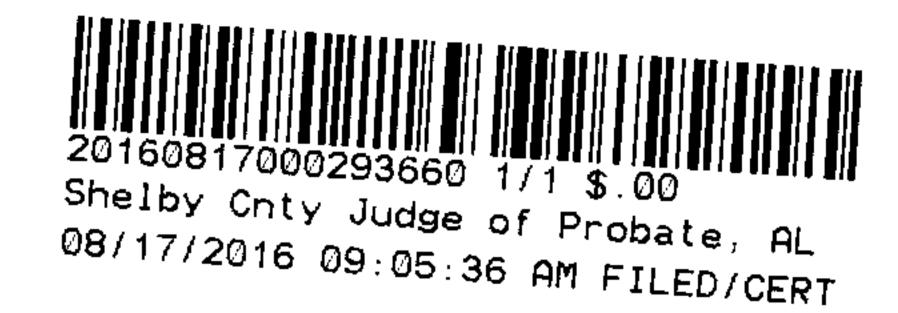




## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type

Name of Candidate or Elected Official  Laura Joseph  Political Par				Political Party/	/Ballot Affiliation		Type of Report (check one)  Monthly  Amended Monthly		
Office Sought or Held (include district or circuit number, if applicable)							× Weekly		Amended Weekly
	lena City Council, Place 4				·		For Monthly R Month in which	•	
Address Check box if reporting new address							report is filed.		
· · · · · · · · · · · · · · · · · ·	25 Old Cahaba Place		······································				For Weekly Re	•	
City Helena		State	ZIP Code 35080	Telephone Nu	mber		Date of Friday week in which report is filed.		08/12/2016
							Total Number Pages in Repo		1
S	ummary, of activity si	ince last filed	l report		•				 <b>t</b>
1	Beginning balance (en	iding balance	from previo	ous filing)				1	\$587.49
	Cash Contributions							· · · · ·	
2a	Itemized cash contribu	itions (total fro	m Form 2)		2a	· · · · · · · · · · · · · · · · · · ·	\$0.00		
2b	Non-itemized cash cor	ntributions			2b				
2c	Total cash contribution	is (add lines 2	a and 2b)					2c	\$0.00
•	In-Kind Contributions			· · · · · · · · · · · · · · · · · · ·					
3a	Itemized in-kind contri	butions (total f	rom Form 3	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		
	Non-itemized Receipts from Other Sources				4b	· · · · · · · · · · · · · · · · · · ·	\$0.00		
4c	c Total receipts from other sources (add lines 4a and 4b)					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	4c	\$0.00
	Expenditures		<u> </u>				• • • • • • • • • • • • • • • • • • • •		
5a	temized expenditures (total from Form 5)				5a		\$0.00		
5b	Non-itemized expendit	lon-itemized expenditures				<del>  </del>	• • • • • • • • • • • • • • • • • • • •		
5c	Total expenditures (ad	otal expenditures (add lines 5a and 5b)				······································		5c	\$0.00
6	Ending balance (add lin	nes 1, 2c, & 4c,	then subtra	act line 5c)		· · · :		6	\$587.49
O.	ndidates for State Office:					of State		1	······································
	ndidates for County or M						•	tv in wh	ich the office is sought
swe atta true state	equired by the Alabama Fair ar or affirm to the best of mothed report(s) and the interest and correct and that this irremation during the applicable ature of Candidate or Elected O	formation contains a function is a function of time.	nd belief that ined herein ull and compl d other requi	the Auckare lete the ired	22T 227 2ar	of the	year <u>201</u>	6	$\frac{12^{2}}{4}$ day of My commission expires eyear $\frac{2016}{4}$ .
EORN	/ REVISED 9 2 2011			Print	Notary's I	<u> パパイ (//</u> Name			1 /