County Division Code: AL040 Inst. # 2016082843 Pages: 1 of 2 I certify this instrument filed on: 8/12/2016 5:35 PM

Doc: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Cierk: LYNN



Shelby Cnty Judge of Probate: AL 08/19/2016 01:29:03 PM FILED/CERT

**USE ONLY** 

### FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report

SUMMARY FORM 1 Please Print in Ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation Monthly **Amended Monthly** Koscha Kæalænd )evorus Weekly Amended Weekly Office Sought or Held (include district or circuit-number, if applicable) For Monthly Reports Month in which the Address ' Check box if reporting new address report is filed. For Weekly Reports Date of Friday in the ZIP Code State Telephone Number 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) 7249 **Cash Contributions** Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) |2c **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions 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 2250,00 Itemized expenditures (total from Form 5)

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 applipable period of time.

Total expenditures (add lines 5a and 5b)

Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

Non-itemized expenditures

Sworn to and subscribed before me this day of Hugust of the year <u>2016</u>. My commission expires day of March of the year 3019 the

BURC

2318.75

4930.41

:Signature of Notary Public

68.75

Print Notary's Name

**FORM REVISED 9.2.2011** 

### 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 expen	nditures to a single recipient exceed \$100.0	00, tl	he l	FCP	<del></del> -				_		·	ient be itemize	d.
			_	Υ	PU	RPO	SE C (CH						
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	istrative	<u>Gui</u>	ants/	tion		aising	au ;		rtation		DATE OF EXPENDITURE	
(INCLUDE FULL NAME)	O ( ( C C ) ( C )	Adminis	Advertis	Consult	Contribu	Food	<u> </u>	Loan Repayment	_	Transpo	GIVE BRIEF EXPLANATION	(mo./day/yr.)	EXPENDITURE
Mark Abercromb	ie P.O. 1383 25094		<b>/</b>								Campaign T-Shirts		1500.
reative by Amb	Lee DS, AL 35094 TOSIA P. D. BOX 953					V					MeetaGree Catering	7 8 4 /16	750.0°
	1825 Achville Rd Leeds A		-							V	Assissing	8/4/16	33.75
Roschelle Ragiand	P.O. BOX 602 35094 Leeds, AL 35094										Distribution Comparate of States	שון די ן ס	35,00
,											registrate	7	
FORM REVISED 9.2.2011	TOTAL EXPENDITURES THIS PAGE											2318,75	

