FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Shelby Cnty Judge of Probate, AL 08/22/2016 08:07:28 AM FILED/CERT

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 **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 Address report is filed. Swannah CIR For Weekly Reports Date of Friday in the Telephone Number ZIP Code week in which the report is filed. Total Number of Pages in Report Summary of activity since last filed report

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1	Beginning balance (ending balance from previous filing)			1	1100.85
	Cash Contributions			_	
2a	Itemized cash contributions (total from Form 2)	2a			
2b	Non-itemized cash contributions	2b			
2c	Total cash contributions (add lines 2a and 2b)			2c	<u> </u>
	In-Kind Contributions				
За	Itemized in-kind contributions (total from Form 3)	3a			
3b	Non-itemized in-kind contributions	3b			•
3c	Total in-kind contributions (add lines 3a and 3b)	3c			
	Receipts from Other Sources				•
4a	Itemized Receipts from Other Sources (total from Form 4)	4a			
4b	Non-itemized Receipts from Other Sources	4b			
4c	Total receipts from other sources (add lines 4a and 4b)			4c	<u>-</u>
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	489.95		
5b	Non-itemized expenditures	5b		<u> </u>	
5c	Total expenditures (add lines 5a and 5b)			5c	489.95
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Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) WIV, TO 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 day of 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

•	8-22-16
_	Date

	and subscribed belete					
<u></u>	of the year	My commission expires				
the	day of	of the year				
Signature o	of Notary Public					
Print Notar	y's Name	<u> </u>				

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Expenditures by candidate or elected offi

to a single recipient exceed \$100.00, the FCPA all expenditures ರ that recipient be item

			American Solutions For Business	Rose Business	23 design	Us, Bot office	Dollar Tree	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)		
			Ohicago, 12 80677	Byrg Sourron Center- Chicago, 12 80677	BHM, A/d Green DR	8088 (My 3/ Caleea. A)	225 Supercente Die	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		
						8		Administrative		
	<u> </u>		> <	8			<u> </u>	Advertising Consultants/		
	·							Polling Contribution	PURPOSE OF	
								Food		
								Fundraising		
EXPENDI								Loan Repayment	F EXP	
ň								Lodging	PENDITI	
r .								Transportatic n		
URES THIS			Janpaige 1-Shirts	CAMPAIGN	signage.	Costage	(Ampaign)	OTHER GIVE BRIEF EXPLANATION	RE	
PAGE			8/1/2	9/17/1/8	21/2	8/19/16	8/20/16	DATE OF EXPENDITURE (mo./day/yr.)		
199,95			196,20	49,05	159.00	7480		EXPENDITURE		

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