Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



08/22/2016 09:46:50 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. King Ston 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 Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions 2b 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 Total receipts from other sources (add lines 4a and 4b) Expenditures Itemized expenditures (total from Form 5) Non-itemized expenditures Total expenditures (add lines 5a and 5b) 5c Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 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 My commission expires attached report(s) and the information contained herein are NOTARY PUBLIC STATE OF ALABAMA AT LARGE true and correct and that this information is a full and complete day of COMMISSION EXPINES EMANDAGE 2017 the statement of all contributions, expenditures, and other required BONDED THRU MERCHANTS BONDING CO. (MUTUAL) information during the applicable period of time.

Signature of Notary Public

Print Notary's Name

Signature of Cardidate or Elected Official

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NAME OF CANDIDATE OR ELECTED OFFICIAL: The ANY BITHER



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to

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PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative gnisinavbA	Consultants/ Polling	Contribution	Food	Fundraising	Repayment Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
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