County Division Code: AL040 Inst. # 2016083394 Pages: 1 of 5 I certify this instrument filed on: 8/15/2016 2:20 PM Doc: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Clerk: SKIPWITHH

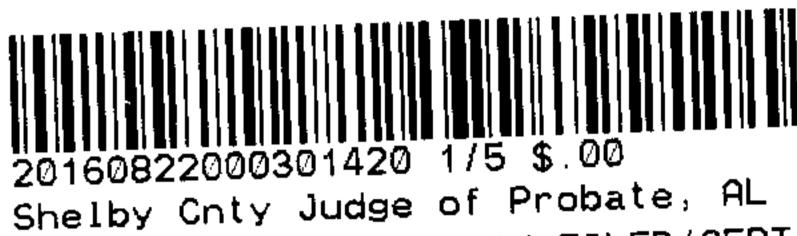




FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



	08/22/2016 09:48:37 AM FILED/CERT								
Please Print in Ink or Type.	•								
Name of Candidate or Elected Official  Color Marphy  Political Pa	rty/Ballot Affiliation	Type of Report (check	Amended Monthly						
Office Sought or Held (include district or circuit number, if applicable)		Weekly	Amended Weekly						
Address Check box if reporting new address		For Monthly Reports  Month in which the							
P.O. Box 36788		report is filed.	<u></u>						
City State ZIP Code Telephone	Number	For Weekly Reports Date of Friday in the							
Hoover Al 35236		week in which the report is filed.	140208 12						
		Total Number of							
		Pages in Report							
Summary of activity since last filed report									
1 Beginning balance (ending balance from previous filing)	<b>)</b>	. [1]	17,072,20						
Cash Contributions		•							
2a Itemized cash contributions (total from Form 2)	2a Z	06,00							
2b Non-itemized cash contributions	2b								
2c Total cash contributions (add lines 2a and 2b)		2c	700-00						
In-Kind Contributions		*							
3a 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							
Expenditures		- <del> </del>							
5a Itemized expenditures (total from Form 5)	5a -								
5b Non-itemized expenditures	5b -								
5c Total expenditures (add lines 5a and 5b)		5c							
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5	c)	6	7,272.20						
Candidates for State Office: File this report with the Office of the	Secretary of Stat	е.							
Candidates for County or Municipal Office: File this report with t			ch the office is sought.						
		ribed before me this	day of						
swear or affirm to the best of my knowledge and belief that the	1 1		My commission expires						
rue and correct and that this information is a full and complete		· · · · · · · · · · · · · · · · · · ·							
statement of all contributions, expenditures, and other required	e /// day	of June of the	year <u>222</u> .						
nformation during the applicable period of time.	/da	Dance							
	gnature of Notary Pu								
Signature of Candidate or Elected Official Date		Jeanence	Ri						
ORM REVISED 10.27.2011	int Notary's Name								

FORM REVISED 10.27.2011

FORM REVISED 10.27.2011

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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

### FORM 2: Contributions received by candidate or elected official

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE **AMOUNT** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF Returned STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED PAC Other (mo./day/yr.) Hurust 9, 246 200,00

> 20160822000301420 2/5 \$.00 20160822000301420 e f Probate, AL Shelby Cnty Judge of Probate, AL 08/22/2016 09:48:37 AM FILED/CERT

TOTAL CASH CONTRIBUTIONS THIS PAGE

700,00

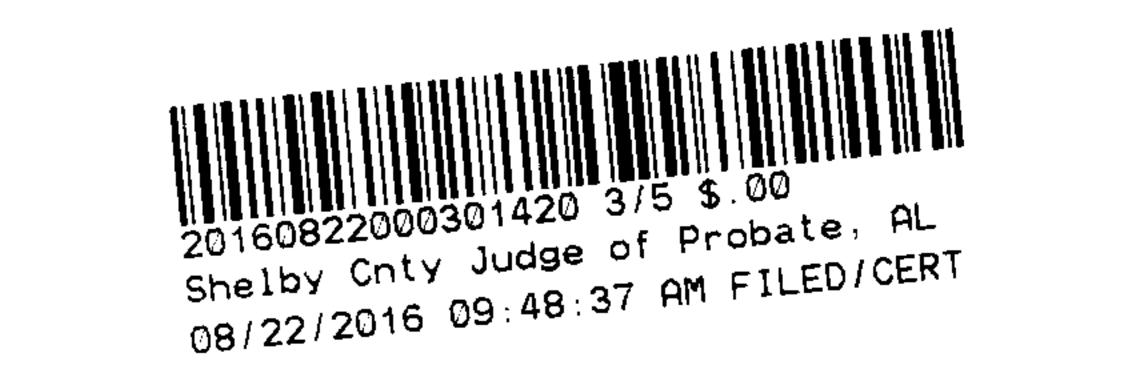
#### ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

### FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

		s form. Use Forms 2 and 4 for those NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)					
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polfing	quipment		Rent	Transportation	Other	Business/ Corporation	idual	PAC	T	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
X/A															
														•	
ORM REVISED 10.27.2011		T	OT/	\L I	N-K	INI	) C	ON	TRI	BU	TIO	NS	TH	IIS PAGE	



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

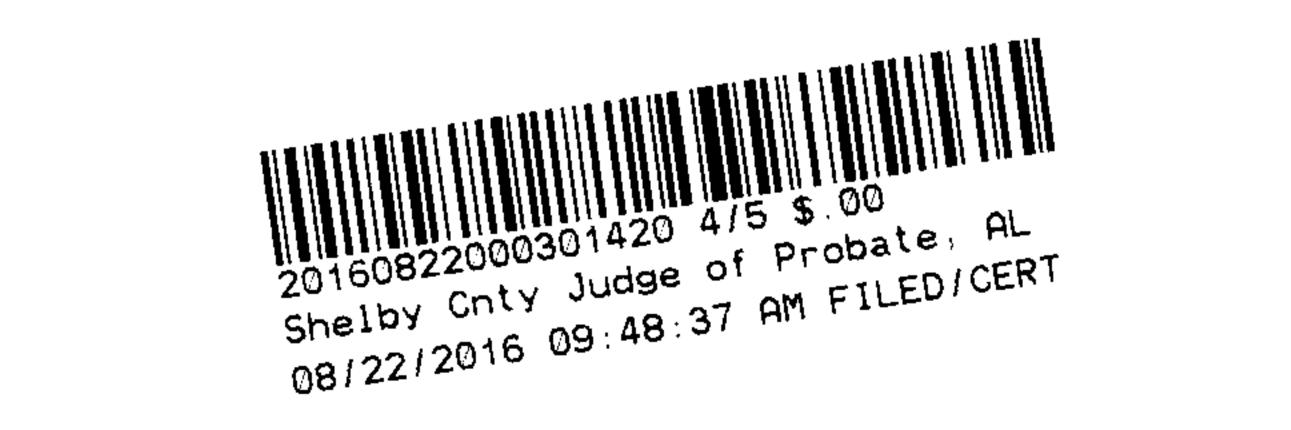
# FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.										<del></del>		
SOURCE OF RECEIPT  (INCLUDE FULL NAME)  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN		ECEI (CH	PT S ECK (				
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX,	Interest	Loan	Other	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending	AC	Individual	Business	Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
FORM REVISED 10.27.2011	TOTAL RECEIPTS THIS PAGE										•	



NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

## FORM 5: Expenditures by candidate or elected official



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. **PURPOSE OF EXPENDITURE** (CHECK ONE) PERSON/GROUP/BUSINESS **ADDRESS** DATE OF **AMOUNT** OTHER (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE EXPENDITURE **OF** STREET OR P.O. BOX, CITY, STATE, AND ZIP) (INCLUDE FULL NAME) GIVE EXPENDITURE (mo./day/yr.) BRIEF **EXPLANATION** TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011



Shelby Cnty Judge of Probate, AL 08/22/2016 09:48:37 AM FILED/CERT