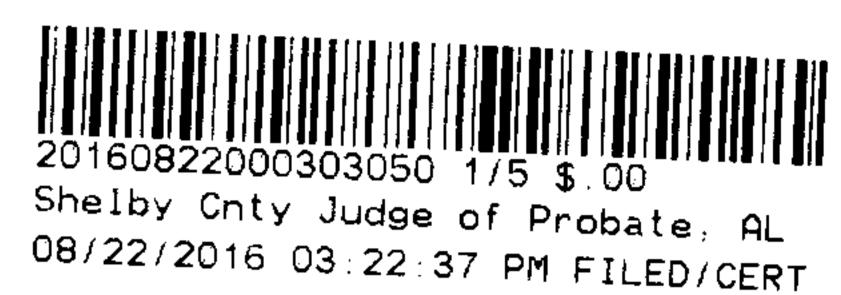
MONTHLY & WEEKLY

FORM REVISED 9.2.2011



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) Pelham City Council For Monthly Reports Month in which the report is filed. For Weekly Reports Hayesbury Date of Friday in the **ZIP Code** Telephone Number State City week in which the August 19, 2016 Haboma 35124 report is filed. Total Number of Pages in Report Summary of activity since last filed report 1534.08 Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) 1534.08 2a Non-itemized cash contributions 2b 0.00 Total cash contributions (add lines 2a and 2b) 534.08 **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a 0.00 Non-itemized in-kind contributions Total in-kind contributions (add lines 3a and 3b) Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a 0.00 Non-itemized Receipts from Other Sources 0.00 Total receipts from other sources (add lines 4a and 4b) 0.00 **Expenditures** Itemized expenditures (total from Form 5) 5a Non-itemized expenditures 5b 1534.08 Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 0.00 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. Swom to and subscribed before me this As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the of the year 21/kg My commission expires 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 Notary Public Signature of Candidate or Elected Official

Print Notary's Name

ABAMA FAIR AMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE 80 ELECTED OFFICIAL

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FORM REVISED 10.27.2011		Shel	08220003 by Cnty 2/2016 0	Judge of	f Probat	e: AL D/CERT	Mildred Lanier 101 Have	(INCLUDE FULL NAME)	
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TRIBUTIONS THIS PAGE							9/15/2016	Business or Corporation Individual PAC Other Returned CONTRIBUTION (mo./day/yr.)	(CHECK ONE)
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ABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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CANDIDATE OR R ELECT

When total contrib ED OFFICIAL: Mildred Lonier

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

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

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ALABAMA FAIR CAMPAIGN PRAC TICES CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

December 1 (I) TON Other SOUL CON loans, interest, and other sources 0 inco

OF CANDIDATE OR ELECTED OFFICIAL: Mildred Lanier

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.

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AMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

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

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\$ 1534.08	8/15/2016							_		101 Hay esburg Lane Felhan AL	Mildred Lanier
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Fundraising	Charitable Contribution Food	Consultants/ Polling Charitable	Advertising	Administrative	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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