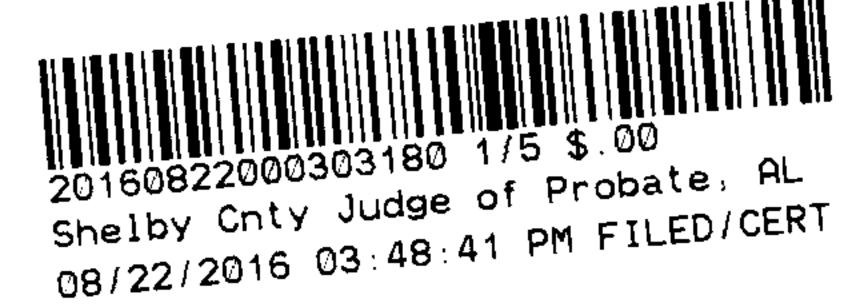


Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in lok or Type. Type of Report (check one) Political Party/Ballot Alfaliation 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 MAYOR - MONTEUALLO Month in which the Address Check box if reporting new address report is filed. PINEVIEW RD For Weekly Reports Date of Friday in the Telephone Number ZIP Code week in which the 32112 MONTEVALLO report is filed. AL **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) Cash Contributions 2a Itemized cash contributions (total from Form 2) 2a 2b Non-itemized cash contributions 2c Total cash contributions (add lines 2a and 2b) In-Kind Contributions 1.00 3a Itemized in-kind contributions (total from Form 3) 3a spondont Face bookad 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 Total receipts from other sources (add lines 4a and 4b) 4C Expenditures 47.17 5a Itemized expenditures (total from Form 5) 5b Non-itemized expenditures 5b |5c| Total expenditures (add lines 5a and 5b) 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. 22 nd day of Sworn 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 August of the year 2016. My commission expires attached report(s) and the information contained herein are the 26 day of August of the year 2017 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 of Elected Official Date

Print Notary's Name

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

FORM 2: Contributions received by candidate elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

LL NAME)		
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4
Business or Corporation Individual PAC Other	SOURCE OF CONTRIBUTION (CHECK ONE)	ed 4 for those listings
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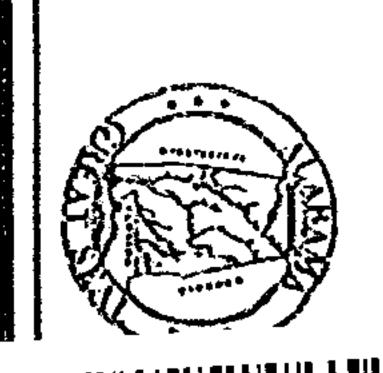
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: M Co57

When total	contributions from a single source exceed \$100.0 DO NOT LIST cash or loans on this	.00, the FCPA is form. Use f	A requires e Forms 2	res all s 2 an	ယာဂ	ontributed for	utions those	ns from se listin	m th	. 3	sourc	ce to be itemized.	
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(INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative Advertising Consultants/		Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	CONTRIBUTION RECEIVED (mo./day/yr.)	CONTRIBUTION
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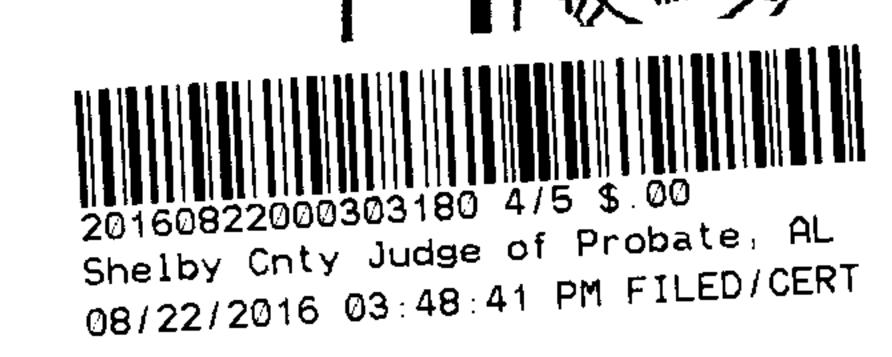


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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

Receipts from Other Sources loans, interest, and other sources of inconstant

							(INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP) E G DORSING OR GUARANTEEING LOAN] (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE (FCPA REQUIRES FULL NAME AND COM- E G G FOR DORSING OR GUARANTEEING LOAN) (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE (FCPA REQUIRES FULL NAME AND COM- E G G FOR GUARANTEEING LOAN) (INCLUDE FULL NAME)	FORM COMPLETE THIS BLOCK IF RECEIPT SOURCE IS A LOAN (CHECK ONE)	When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be if DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.	NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLLIE (C.
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Cost	ted official

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