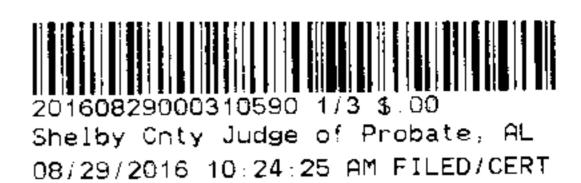
## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type.						
Name of Candidate or Elected Official  GREGory FARTE!	Political Party/E			Date Covered	by Repor	8-22-16
Office Sought or Held (include district or circuit number, if applicable)  Habes En City Cowci Wans  Address  Check box if reporting new address	4			T_ 4_ 1 Bt b		Amended Daily Report
161 STERCENCE GATE DR				Total Number in Report	of Pages	3
City State ZIP Code Alabastan Al 35007	Telephone Nun	nber				
Summary of activity since last filed report						
1 Beginning balance (ending balance from previ	ious filing)				1	330,77
Cash Contributions		· · <del>- · · · · · · · · · · · · · · · · ·</del>		· · · · · · · · · · · · · · · · · · ·	7	
2a Itemized cash contributions (total from Form 2	2)	2a	<b>-</b>			
2b Non-itemized cash contributions		2b		<del> </del>	<u> </u>	
2c Total cash contributions (add lines 2a and 2b)					2c	
In-Kind Contributions			· · ·		7	}
3a Itemized in-kind contributions (total from Form	1 3)	3a	_ <del></del> .			
3b Non-itemized in-kind contributions		3b	<del></del> _			
3c Total in-kind contributions (add lines 3a and 3l	b)	3c				
Receipts from Other Sources					_	
4a Itemized Receipts from Other Sources (total from	om Form 4)	4a	5.4	44		•
4b Non-itemized Receipts from Other Sources		4b				
4c Total receipts from other sources (add lines 4a	a and 4b)				4c	5.44
Expenditures				_		
5a Itemized expenditures (total from Form 5)		5a	240	2.89		
5b Non-itemized expenditures		5b		-		
5c Total expenditures (add lines 5a and 5b)					5c	260.89
6 Ending balance (add lines 1, 2c, & 4c, then subt	tract line 5c)				6	75.32
Candidates for State Office and State Elected Officia	ile: File this re	enost v	with the Off	ice of the Sec		
Candidates for State Office and State Elected Office and Country or Municipal Office and Country Probate of the country in which the office is sought.						
As required by the Alabama Fair Campaign Practices Act, I he swear or affirm to the best of my knowledge and belief the attached report(s) and the information contained hereinguler and correct and that this information is a full and come statement of all contributions, expenditures, and other required.	at the are plete the	18AD	of the	year <u> </u>	16 N	year 2000.
nformation during the applicable period of time.  Signature of Candidate or Elected Official Date	/// L	_	Notary Public	;	0.17	forton)
FORM REVISED 9.2.2011	Print		S Name	n Lyn	In)	Horton

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

## FORM 4: Receipts from Other Sources loans, TREGORY 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 THUE!

6REGORY FORM REVISED 9.2.2011 29000310590 2/3 \$.00 Cnty Judge of Probate, AL (INCLUDE FULL NAME) AM FILED/CERT 10:24:25 HARREIT ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. STERLANG 35007 Cate De 유 Interest FORM RECEIPT Loan Other メ [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE THIS BLOCK IF RECEIPT IS A LOAN **GUARANTORS TOTAL RECEIPTS** Promounds 2005 Lending Institution RECEIPT SOURCE (CHECK ONE) PAC **THIS PAGE** Individual  $\sim$ **Business** Other DATE RECEIVED (mo./day/yr.)  $\widetilde{\alpha}$ 27 AMIOUNT OF RECEIPT

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

## FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



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

28.89	HIS PAGE	EXPENDITURES THIS P	ND	XPE		TOTAL						FORM REVISED 9.2.2011
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												608290003 1by Cnty 29/2016
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			<u> </u>									Probate
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16.29	3/177/16	Think you							,	Remandes	Alabaska, Al	Tanger
0000	3/172/8	Louis Répapus		<b>&gt;</b>						Sycon 7 Da	161 STERLENS Alabustan, Al	Greany Frank!
AMOU! OF EXPENDII	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Loan Repayment Lodging	Fundraising	Food	Contribution	Consultants/ Polling	Advertising	SS TY, STATE, AND ZIP) Administrative	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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