County Division Code: AL040 Inst. # 2016085137 Pages: 1 of 5 I certify this instrument filed on: 8/18/2016 1:37 PM

Dec: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Clerk: SKIPWITHH



FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1





Shelby Chty Judge of Probate, AL 08/30/2016 10:01:25 AM FILED/CERT

Please Print in ink or Type. Type of Report (check one) Political Party/Ballol Affiliation. Name of Candidate or Elected Official DE BUYS Monthly Amended Monthly Amended Weekly Weakly Office Sought or Held (include district or circuit number, if applicable) COUNCIL For Monthly Reports Month in which the Check box if reporting new address: report is filed. 1955 BROOK For Weekly Reports Date of Friday in the Tejaphone Number week in which the KESTAVJA HILL-S 35243 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 Total cash contributions (add lines 2a and 2b) In-Kind Contributions 3a Itemized in-kind contributions (total from Form 3) 3b 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| 4b Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) Expenditures Itemized expenditures (total from Form 5) 5a Non-itemized expenditures 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. 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 20/1. My commission expires attached report(s) and the information contained herein are true and correct and that this information is a full and complete day of Jane of the year 20/1/20 statement of all gentributions, expenditures, and other required information during the applicable period of time. Signature of Notary Public Signature of Cardidate or Elected Official Print Notary's Name FORM REVISED 10 27.2011 MY COMMISSION EXPIRES JUNE

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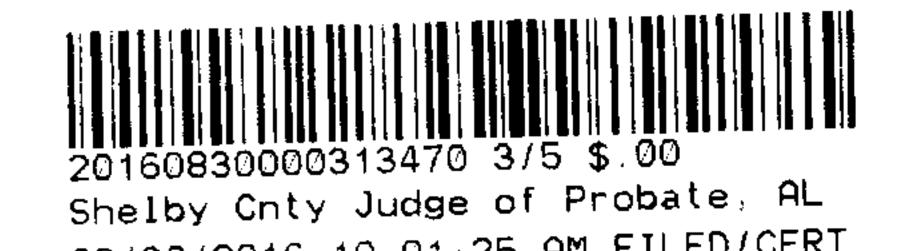
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: 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. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) **ADDRESS** CONTRIBUTOR DATE AMOUNT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE OF CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

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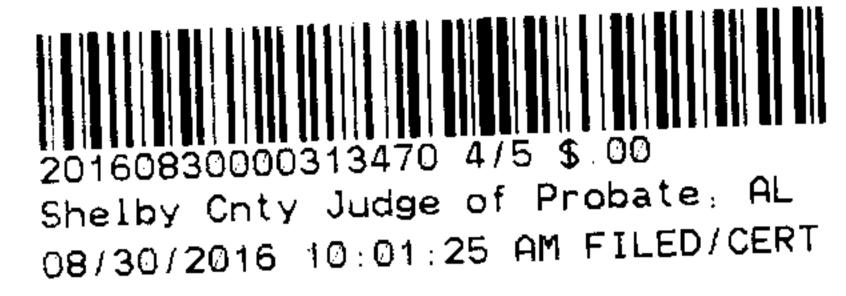
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: 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 loans on this form. Use Forms 2 and 4 for those listings.											······································			
CONTRIBUTOR (INCLUDE FULL NAME)	A			NATURE OF CONTRIBUTION (CHECK ONE)								RCE K ON				
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
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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:

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RI		PT S ECK (DATE	AMOUNT
		Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	A Signal C Gilding A A Signal C Gilding A A A A A A A A A A A A A A A A A A A			RECEIVED (mo./day/yr.)	OF		
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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. PURPOSE OF EXPENDITURE (CHECK ONE) **AMOUNT** DATE OF ADDRESS PERSON/GROUP/BUSINESS OTHER EXPENDITURE OF (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) EXPENDITURE GIVE (INCLUDE FULL NAME) BRIEF EXPLANATION TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011