County Division Code: AL040 Inst. # 2016087595 Pages: 1 of 5 I certify this instrument filed on: 8/24/2016 12:27 PM

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

Clerk: LYNN

| FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA | | THIS AREA FO | R OFFICIAL USE ONLY |
|--|----------------------------------|--|---|
| FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA Candidate & Elected Of | fficial | 2016083 | 0000313780 1/5 \$ 00 |
| Campaign Finance Rep | ED IN OFF | Shelby 08/30/2 | 0000313780 1/5 \$.00 Cnty Judge of Probate, AL 016 10:27:37 AM FILED/CERT |
| Campaign Finance Report SUMMARY FORM 1 | AUG 2 3 2016 | | |
| Please Print in Ink or Type. | ALAN L. KING Judge of Probate | ; | |
| Name of Candidate or Elected Official | rty/Ballot Affiliation | Type of Report (che Monthly | Amended Monthly |
| Office Sought or Held (include district or circuit number, if applicable) | | Weekly | Amended Weekly |
| MAYAR | | For Monthly Report | ls |
| Address Check box if reporting new address POBOX 93 | 7 | Month in which the report is filed. | |
| 7011 Browwood GN | | For Weekly Reports Date of Friday in the | l l |
| City State ZIP Code Telephone | Number | week in which the | 8/19/12 |
| Leebs D1 35094 | | report is filed. Total Number of | |
| | | Pages in Report | 5 |
| Summary of activity since last filed report | | | |
| 1 Beginning balance (ending balance from previous filing) | | 1 | 32, 43.96 |
| Cash Contributions | | | |
| 2a Itemized cash contributions (total from Form 2) | 2a | | |
| 2b Non-itemized cash contributions | 2b | | |
| 2c Total cash contributions (add lines 2a and 2b) | | 2c | |
| 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 | 4D | | |
| 4c Total receipts from other sources (add lines 4a and 4b) | | 4c | |
| Expenditures [Form Form 5] | | | |
| 5a Itemized expenditures (total from Form 5) | 5a 7 4 | 41.63 | |
| 5b Non-itemized expenditures 5c Total expenditures (add lines 5a and 5b) | JU | | |
| 6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5 | | 5c | 791.65 |
| | | O Secretary Secretary | |
| Candidates for State Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with | the Judge of Prob | ate of the county in | |
| swear or affirm to the best of my knowledge and belief that the 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 | August of th | | My commission expires the year 20,80 |
| information during the applicable period of time. Signature of Candidate or Elected Official Signature of Candidate or Elected Official | ignature of Notary Put | J. Coi | Mios. |
| | rint Notary's Name | . Cooner | ATLARGY |

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

FORM 2: Contributions received by candidate or elected official

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| -60 | 17.13 |), |
| | 100 | F |
| V. | | \$ |
| - | | _ |

| NAME OF CANDIDATE OR ELECTE | DOFFICIAL: David MULLEY | , | | | | · | , | COLUMN TO THE PARTY OF THE PART | | | | | |
|------------------------------------|---|----------------------------|-----------|-----|-------|----------|--|--|--|--|--|--|--|
| When total contribution | 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. | | | | | | | | | | | | |
| CONTRIBUTOR (INCLUDE FULL NAME) | ADDRESS SHOULD INCLUDE | OF | ÇH (CH | OUR | | ON | DATE CONTRIBUTION RECEIVED (mo./day/yr.) | AMOUNT OF CONTRIBUTION | | | | | |
| | STREET OR P.O. BOX, CITY, STATE, AND ZIP) | Business or Corporation | Individua | PAC | Other | Returned | | | | | | | |
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| TOTAL CASH CONTRIBUTIONS THIS PAGE | | | | | | | | 2 | | | | | |

20160830000313780 2/5 \$.00 Sholby Coty Judge of Probate, AL

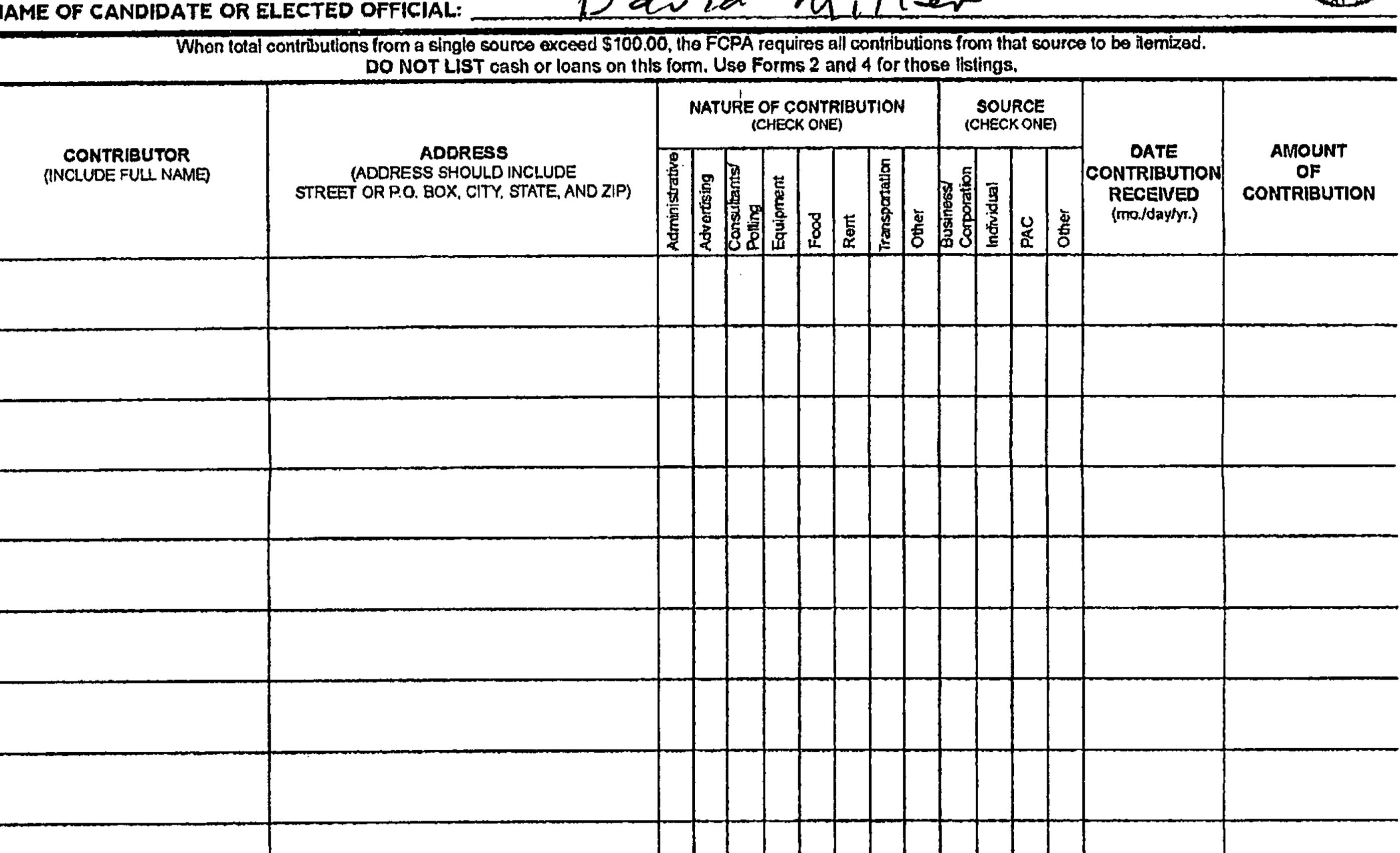
Shelby Cnty Judge of Probate, AL 08/30/2016 10:27:37 AM FILED/CERT

FORM REVISED 9.2.2011

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

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

David Mil NAME OF CANDIDATE OR ELECTED OFFICIAL:



20160830000313780 3/5 \$ 00

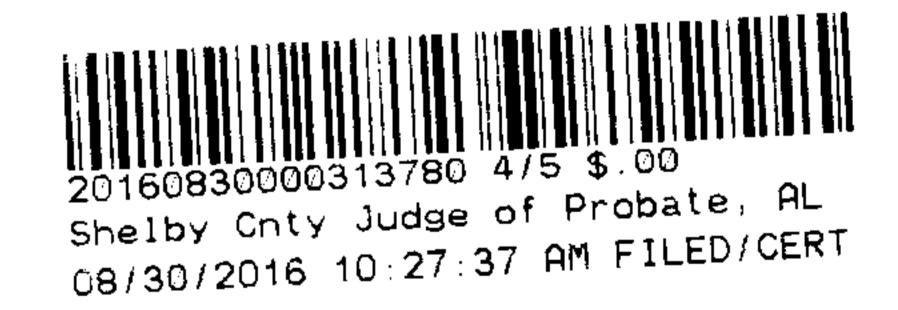
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

Shelby Cnty Judge of Probate, AL 08/30/2016 10:27:37 AM FILED/CERT 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:

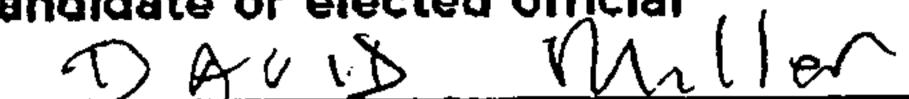


| When total | contributions from a single source DO NOT LIST cash or in-ki | exce nd c | ed \$ | 100. utio | 00, the FCPA requires all contributions from ns on this form. Use Forms 2 and 3 for thos | n tha se list | t soi | irce S. | to b | e der | nized. | |
|--|--|--------------------|-------------|---------------|--|------------------|-------|---------------|----------|-------|---------------------------|-------------------------|
| | | FORM OF RECEIPT | | | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN | RI | | PT S ECK (| | | | |
| SOURCE OF RECEIPT (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX CITY, STATE, AND ZIP) | Interest | Loan | Other | GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN] | Lending | PAC | Individual | Business | Other | RECEIVED (mo./day/yr.) | AMOUNT OF RECEIPT |
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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:





| | | | | | PU | RPO | SE C | | | | | | |
|---|--|------|---|-----------------------------|----|-----|------|---|--|------|---------|---------|---------|
| PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Loging Laws of a figure 1 Loging Login | GIVE | DATE OF EXPENDITURE (mo./day/yr.) | AMOUNT OF EXPENDITURE | | | | | | | | | |
| SCOTT BOWDEN CAST | W + + 0 7 17) > 0 1 1 | 0 | | | | | | | | | | 8/16/16 | 267.00 |
| MASTER IMAGE INC | B'HHM AL 35259 | V | | | | | | | | | | 418/16 | 2190.65 |
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| FORM REVISED 9.2.2011 | TOTAL EXPENDITURES THIS PAGE | | | | | | | | | PAGE | 2457.6. | | |

