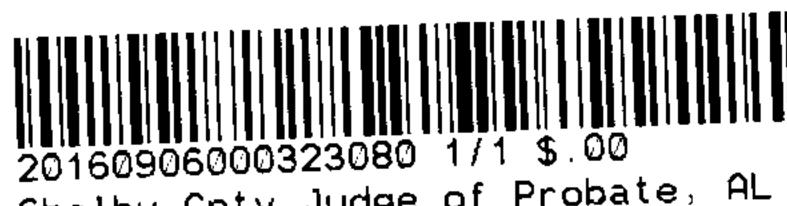


Candidate & Elected Official 目 Campaign Finance Report SUMMARY FORM 1



Shelby Cnty Judge of Probate, AL 09/06/2016 01:29:43 PM FILED/CERT

| | Please Print in Ink or Type. | Tour of Dament | h /ahaale | ana) | | |
|---|---|-----------------|----------------------------------|----------|---------------------------------------|--|
| Name of Candidate or Elected Official Political Party/B | | A . | Type of Report Mont | | One) Amended Monthly | |
| K | erri Pate Repub | ncan | Weel | • | Amended Weekly | |
| Office Sought or Held (include district or circuit number, if applicable) Alabaster City Council Ward T Cand | | idate | For Monthly R | eports | | |
| | Iress Check box if reporting new address | | Month in which report is filed. | * | | |
| 2000 N Grande View Cv | | | For Weekly Re | ports | | |
| City State ZIP Code Telephone Num | | nber | Date of Friday i week in which t | n the | lala land | |
| Maylene Al 35114 | | | report is filed. | 110 | 992016 | |
| <u> </u> | | | Total Number of Pages in Repo | | | |
| s | ummary of activity since last filed report | | | | | |
| 1 | Beginning balance (ending balance from previous filing) | | | 1 | 194.22 | |
| <u> </u> | Cash Contributions | | | l | | |
| | Itemized cash contributions (total from Form 2) | 2a | | • | | |
| | | 2b | | | | |
| | Total cash contributions (add lines 2a and 2b) | | | 2c | | |
| | In-Kind Contributions | | | <u> </u> | | |
| 3a | Itemized in-kind contributions (total from Form 3) | 3a | | | | |
| | Non-itemized in-kind contributions | 3b | | | | |
| | 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 | 4b | | | | |
| 4c | Total receipts from other sources (add lines 4a and 4b) | | • | 4c | | |
| | Expenditures | | • | | | |
| 5a | Itemized expenditures (total from Form 5) | 5a | | | | |
| 5b | Non-itemized expenditures | 5b | 10.00 | | · · · · · · · · · · · · · · · · · · · | |
| 5c | Total expenditures (add lines 5a and 5b) | | | 5c | 10.00 | |
| 6 | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | | , | 6 | 184.22 | |
| Ca | ndidates for State Office: File this report with the Office of the Se | cretary of Stat | e. | | | |
| Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought. | | | | | | |
| Asr | • | | ribed before me | | day of | |
| swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are $\frac{900}{100}$ of the year $\frac{900}{100}$. My commission expires | | | | | | |
| true and correct and that this information is a full and complete the 2000 day of for the year 2006. | | | | | | |
| statement of all contributions, expenditures, and other required information during the applicable period of time. | | | | | | |
| م د | | | | | | |
| Siar | Signature of Candidate or Elected Official Date Signature of Notary Public HOULOND | | | | | |
| $ \omega \omega \omega \omega \omega$ | | | | | | |

Print Notary's Name