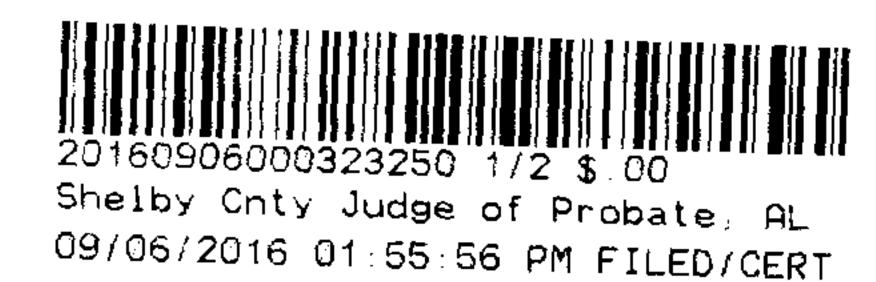
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FORM REVISED 9.2.2011

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type. Type of Report (check one) Name of Gandidate or Elected Official Political Party/Ballot Affiliation Amended Monthly Monthly Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) For Monthly Reports ounci Month in which the Address Check box if reporting new address report is filed. Strannah CM For Weekly Reports Date of Friday in the Telephone Number week in which the 35040 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) 2c **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) 4C Expenditures Itemized expenditures (total from Form 5) Non-itemized expenditures 282.62 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. 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 ARATE of the year 2016. My commission expires attached report(s) and the information contained herein are the 28th day of Much of the year 2000. 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. 7-6-16 Signature of Notary Public Ignature of Candidate or Elected Official Date

Print Notary's Name

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

NAME OF CANDIDATE OR ELECTED **U** Expenditures by candidate or OFFICIAL: or elected official

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

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AMOUNT EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Fundraising Loan	Food	Contribution	Consultants/ Polling	Advertising	Administrative	ADDRES: ESS SHOULD O. BOX, CITY	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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