

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160912000330520 1/5 \$.00 Shelby Cnty Judge of Probate, AL 09/12/2016 01:11:12 PM FILED/CERT

Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly Alice Lobell Amended Weekly Weekly Office Sought or Held (include district or circuit number, if applicable) Helena City Council, Place 3 For Monthly Reports Month in which the report is filed. 6012 Woodvale Road For Weekly Reports Date of Friday in the Telephone Number ZIP Code State City September 9, 2016 week in which the 35080 AL Helena report is filed. Total Number of Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) \$19.43 **Cash Contributions** Itemized cash contributions (total from Form 2) 2a \$0.00 Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) 2c \$0.00 **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) \$0.00 Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a \$0.00 Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) \$0.00 4c **Expenditures** Itemized expenditures (total from Form 5) 5a \$0.00 Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) 5c \$0.00 5c Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) \$19.43 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. As required by the Alabama Fair Campaign Practices Act, I hereby Sworn to and subscribed before me this day of swear or affirm to the best of my knowledge and belief that the My commission expires 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 information during the applicable period of time.

Signature of Notary Public

Print Notary's Name

Signature of Candidate or Elected Official

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

Contribu Itions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Alice Lobell

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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
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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 form. **DO NOT LIST** cash or loans on this form. FCPA requires Use Forms 2 and 4 for those listings. all contributions from that source to be itemized.

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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Polling Equipment	Consultants/	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

Receipts from Other Sources loans, interest, and other sources of

NAME OF CANDIDATE OR ELECTED OFFICIAL: Alice Lobell



When total contributions from a single source exceed \$100.00, the FCPA requires a **DO NOT LIST** cash or in-kind contributions on this form. Use For all contributions from that source to be itemized

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

Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Alice Lobell



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

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AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Food	Polling Contribution	Consultants/	Advertising	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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