County Division Code: AL040 Inst. # 2016090544 Pages: 1 of 1 I certify this instrument filed on: 8/31/2016 11:54 AM

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

Clerk: LYNN



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## Candidate & Elected Official Campaign Finance Report AUG

SUMMARY FORM 1

FILED IN OFFICE PROBATE COURT

AUG 2 6 2016

ALAN L. KING Judge of Probate

Shelby Cnty Judge of Probate: AL 09/13/2016 12:29 46 PM FILED/CERT Please Print in Ink or Type. Type of Report (check one) vaccal Party/Ballot Affiliation Mame of Candidate or Elected Official Amended Monthly Monthly raalanctillerce Weekly Amended Weekly Office Sought or Held (Include district or circuit number, if applicable) For Monthly Reports Month in which the Check box if reporting new address report is filed. D. BOX 29 For Weekly Reports Date of Friday in the Telephone Number **State** ZIP Code week in which the report is filed. Total Number of Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) 5047.70 **Cash Contributions** Itemized cash contributions (total from Form 2) 2a Non-Itemized cash contributions 2b Total cash contributions (add lines 2a and 2b) **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) **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

Candidates for State Office: File this report with the Office of the Secretary of State.

Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

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 \_\_Swom to and subscribed before me this \_\_\_\_OOOTO to blay bir.,

5a

5b

As required by the Alabama Fair Campaign Practices Act, I hereby 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 information during the applicable period of time.

Itemized expenditures (total from Form 5)

Total expenditures (add lines 5a and 5b)

Non-itemized expenditures

ature of Candidate of Elected Official Lette Date

the 19th day of Nowmber of the

Nowmben of the year 301

5c

Signature of Notary Public

Print Notary's Name

FORM\_REVISED 9.2.2011

**Expenditures**