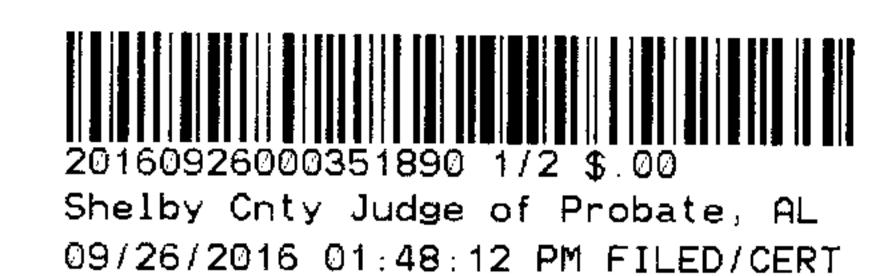
FORM REVISED 10.27.2011



Candidate & Elected Official Campaign Finance SUMMARY FORM 1 Campaign Finance Report



Please Print in Ink or Type.		T	
Name of Candidate or Elected Official	Political Party/Ballot Affiliation	Type of Report (check	one) Amended Monthly
THOMAS BALE NEUENDORF	N/A	Monthly Monthly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)		Weekly	
MAYDE OF CHELSEA		For Monthly Reports Month in which the	
Address Check box if reporting new address Home		report is filed.	
	ROOK CIRCLE	For Weekly Reports Date of Friday in the	
City State State ZIP Code City AL 3504-3	Telephone Number	week in which the	9-23-2016
CHOWN AL 55043		report is filed.	
		Total Number of Pages in Report	2
Summary of activity since last filed report			
1 Beginning balance (ending balance from previo	us filing)	1	1292.97
Cash Contributions		• • • • • • • • • • • • • • • • • • •	
2a Itemized cash contributions (total from Form 2)	2a	,	
2b Non-itemized cash contributions	2b — 0		
2c Total cash contributions (add lines 2a and 2b)		2c	-0-
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form	3) 3a -0		
3b Non-itemized in-kind contributions	3b — O	,	
3c Total in-kind contributions (add lines 3a and 3b)	3c —0		
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total fro	m Form 4) 4aO		
4b Non-itemized Receipts from Other Sources	4b 0 -		
4c Total receipts from other sources (add lines 4a	and 4b)	4c	-0-
Expenditures			
5a Itemized expenditures (total from Form 5)	5a 2,00	2.00	
5b Non-itemized expenditures	5b —0		
5c Total expenditures (add lines 5a and 5b)		5c	2.00.00
6 Ending balance (add lines 1, 2c, & 4c, then subtr	act line 5c)	6	1092.97
Candidates for State Office: File this report with the Off	ice of the Secretary of State	3 .	
Candidates for County or Municipal Office: File this re	port with the Judge of Prob	ate of the county in w	nich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I her	eby Swgrn to and subsc	ribed before me this _	26th day of
swear or affirm to the best of my knowledge and belief that	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ne vear ISIL	. My commission expires
attached report(s) and the information contained herein true and correct and that this information is a full and comp			ne year <u>202</u> .
statement of all contributions, expenditures, and other requ	irea		1
information during the applicable period of time.	1 10 0 / 104	ile Lana	Host
Thurst hold mudes 17-26	Signature of Notary Pu	blic) () -21
Signature of Candidate or Elected Official Date	Dohn	ah]	Larton 1
FORM REVISED 10 27 2011	Print Notary's Name	- UNIV	

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

VAME OF CANDIDATE Expendi OR ELECTED OFFICIAL: tures by candidate or elected official Hom 45 DALE NEUENDORF



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

Administrative	Advertising Consultants/ Polling Contribution Food Fundraising
	Consultants/ Polling Contribution Food