

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20161003000360110 1/2 \$.00 20161003000360110 1/2 \$.00 Shelby Cnty Judge of Probate, AL Shelby Cnty Judge of Probate, AL

10/03/2016 09:10:06 AM 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 Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) Lily OF relhan Leuncil - MACEL For Monthly Reports Month in which the report is filed. 2749 Wellington Drive For Weekly Reports Date of Friday in the ZIP Code **Telephone Number** week in which the Alabama 35124 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) Non-itemized cash contributions 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 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 4b Total receipts from other sources (add lines 4a and 4b) Expenditures Itemized expenditures (total from Form 5) Non-itemized expenditures Total expenditures (add lines 5a and 5b) 5c 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. 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 Ctobor of the year 2016. My commission expires attached report(s) and the information contained herein are day of April of the year 2020 true and correct and that this information is a full and complete statement of all contributions, expenditures, and other require information during the applicable period of time. Signature of Notary Public

Date

Signature of Candidate or Elected Official

Print Notary's Name

ELEC. ୪୦ REPORT NCE CAMPAIGN FIN CAMPAIGN PRACTICES ACT ALABAMA FAIR

official elected O Expenditures by candidate

NAME OF CANDIDATE OR ELECTED OFFICIAL: LON CAREE (



EXPENDITURE AMOUNT 371 recipient be itemized DATE OF XPENDITURE 9/30/20/14 (mo./day/yr.) IIS PAGE 6 GIVE BRIEF EXPLANATION Count -OTHER that ---EXPENDITURES 2 ∞ expenditures PURPOSE OF EXPENDITURE (CHECK ONE) Transportation Lodging Repayment rogu ₩ Fundraising. requires TOTAL Food Charitable Contribution Polling Consultants! gnisihəvbA the Administrative a single recipient exceed \$100.00, SIDA ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP) M K/Mam, Al 1900 BOX 6 L n total expenditures to てる PERSON/GROUP/BUSINESS EXPENDITURE FULL NAME) NAME) .2011 Whe 10.27 RECEIVING E FORM REVISED Shelby Cnty Judge of Probate, AL 10/03/2016 09:10:06 AM FILED/CERT