

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



20161003000361530 1/4 \$.00 Shelby Cnty Judge of Probate, AL 10/03/2016 02:47:43 PM FILED/CERT

Please Print in Ink or Type. Name of Candidate or Elected Official Type of Report (check one) Political Party/Ballot Affiliation Monthly Amended Monthly Weekly Office Sought or Held (include district or circuit number, if applicable) Amended Weekly MAYOR OF CHELSEA For Monthly Reports Month in which the HOME report is filed. P.O. Bax 293 ROSSBROOK CIRCLE For Weekly Reports Date of Friday in the City State ZIP Code Telephone Number week in which the CHELSEA AL 35043 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 2b Total cash contributions (add lines 2a and 2b) 200.00 **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions 3b 3c Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) |4a| 2500,00 4b Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) 2500.00 Expenditures Itemized expenditures (total from Form 5) Non-itemized expenditures 38.50 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 Actions of the year 2016. My commission expires attached report(s) and the information contained herein are true and correct and that this information is a full and complete the 28% day of March of the year 200. statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Notary Public Signature of Candidate or Elected Official

Print Notary's Name

### MPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED OFFICIAL

## ontributions received by candidate Q elected official

D OFFICIAL: Homes BILLE MEUE NOOR



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Business or Corporation Individual PAC Other Returned	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
		OF CONTRIBUTION (CHECK ONE)	ADDRESS	(INCLUDE FILL NAME)

# ALABAMA FAIR CAMPAIGN PRACT FICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

### Receipts from Other Sources loans, interest, and other sources <u>o</u> ij

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. 히 be itemized.

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RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FULL NA
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## ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Qо ELECTED OFFICIAL

## Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



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

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