Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

Shelby Cnty Judge of Probate, AL 10/18/2016 11:17:03 AM FILED/CERT

Please Print in link or Type.							
Name of Candidate or Elected Official Political Party/			ì	Type of Repor	rt (check othly	one) Amended Monthly	
Eldon E Green Je. Don Repub			20		•	Amended Weekly	
10	ce Sought or Held (include district or circuit number, if applicable)			L J	•		
	tip of telhan Council - Mace L			For Monthly F Month in which	•	004	
Address Check box if reporting new address				report is filed.		October Final	
2749 Wellington Drive				For Weekly Re	•		
City State ZIP Code Telephone Nur				Date of Friday week in which			
Pelham Alabama 35124				report is filed.			
				Total Number Pages in Rep		3	
S	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous filing)				1	66.00	
	Cash Contributions						
2a	Itemized cash contributions (total from Form 2)	2a	<u> </u>				
2b	Non-itemized cash contributions	2b					
2c	Total cash contributions (add lines 2a and 2b)				2c		
	In-Kind Contributions						
3а	Itemized in-kind contributions (total from Form 3)	3a					
3b	Non-itemized in-kind contributions	3b					
3с	Total in-kind contributions (add lines 3a and 3b)	3с					
	Receipts from Other Sources						
4a	Itemized Receipts from Other Sources (total from Form 4)	4a					
4b	Non-itemized Receipts from Other Sources	4b					
4c	Total receipts from other sources (add lines 4a and 4b)				4c		
Expenditures							
5a	Itemized expenditures (total from Form 5)	5a	32.	01			
5b	Non-itemized expenditures	5b	33.	99	7.387		
5c	Total expenditures (add lines 5a and 5b)				5c	Cole, OD	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				6	A	

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, Thereby Sworn to and subscribed before me this _____ swear or affirm to the best of my knowledge and belief that the of the year 2016. My commission expires attached report(s) and the information contained herein are of the year 2020 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 Signature of Candidate or Elected Official Date Print Notary's Name
MY COMMISSION EXPIRES APRIL 6, 2020



Shelby Cnty Judge of Probate: AL 10/18/2016 11:17:03 AM FILED/CERT NAIM OZZ ABAMA 9 CANDIDATE OR FAIR When

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FORM REVISED N PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) 10.27.2011 Alabas ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) II C W Administrative Advertising Consultants/ Polling Charitable Contribution × PURPOSE OF EXPENDITURE (CHECK ONE) **CAL** IAI Food Fundraising EXPENDITURE Loan Repayment Lodging Transportation × OTHER **(**) SHE SHE PAGE DATE OF XPENDITURE **₽** OR