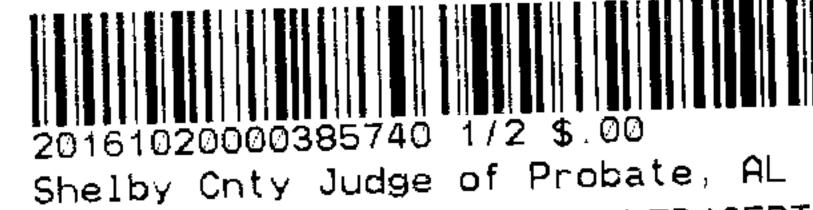
Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Shelby Cnty Judge of Probate, AL 10/20/2016 11:39:23 AM 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 42E NEWENDORF Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) MAYOR OF CHEISEA For Monthly Reports Month in which the HOME report is filed. P.O. Box 293 51 CROSSBROOK CIRCLE For Weekly Reports Date of Friday in the City State ZIP Code Telephone Number week in which the CHELSEA 35043 AL report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) 1942.38 **Cash Contributions** Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions 2b Total cash contributions (add lines 2a and 2b) 2c In-Kind Contributions Itemized in-kind contributions (total from Form 3) 3a 3b Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) 3c 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) 4¢ Expenditures Itemized expenditures (total from Form 5) 5a Non-itemized expenditures 5b 34,70 Total expenditures (add lines 5a and 5b) 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 swear or affirm to the best of my knowledge and belief that the action 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 statement of all contributions, expenditures, and other required information during the applicable period of time. Signature of Notary Public

Date

Print Notary's Name

Signature of Candidate or Elegted Official

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTE

or elected official Expenditures by candidate FORM 5:

NEWENDER DALE THEMAS NAME OF CANDIDATE OR ELECTED OFFICIAL:



t recipient be itemized When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to tha

				PU	PURPOSE (C)	(C) (C) (C)	OF EXPENDITURE HECK ONE)	N. (i)	IURE .		
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ESS ULD IN ITY, S	Administrative	Advertising \text{\consultants}	Polling Charitable Contribution	₽ood	Fundraising Loan	Repayment	Lodging Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Postisser Aliob	CHELSEA, AL SSO43	-	1		<u> </u>				FULL PASS	10-44-16	200.60%
HELSEA Community	2089 Krewner Place Birmingham, AL 3543							<u> </u>	Sports	10-11-16	28.60
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