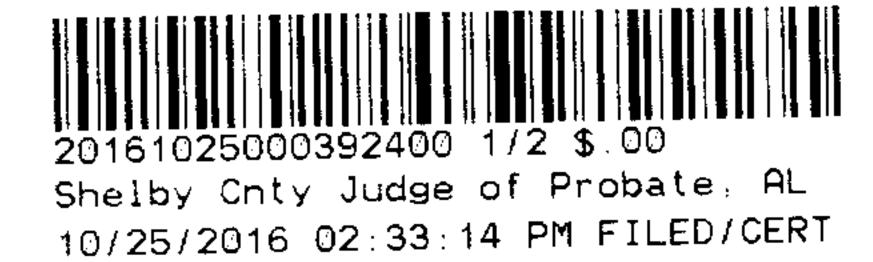


Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



TERMINATION CLOSEOUT REPORT

Please Print in Ink or Type. Name of Candidate or Elected Official Type of Report (check one) Political Party/Ballot Affiliation DAZE NEUENDORF Monthly Amended Monthly Office Sought or Held (include district or circuit number, if applicable) Amended Weekly MAYOR OF CHELSEA For Monthly Reports Address Check box if reporting new address Month in which the Home report is filed. P.O. BOX 213 CROSSBROOK CIRCLE For Weekly Reports Date of Friday in the CHELSEA City State 10-21-2016 Telephone Number week in which the 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) 2c In-Kind Contributions Itemized in-kind contributions (total from Form 3) 3a 3b Non-itemized in-kind contributions 3b 3c Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources 4a Itemized Receipts from Other Sources (total from Form 4) |4a| 4b Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) Expenditures Itemized expenditures (total from Form 5) 948.68 5a Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) 948.68 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 Wetaker 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 day of March of the year 2020 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

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

r elected official Expenditures by candidate or FORM 5:

NEWENDAF THOMAS NAME OF CANDIDATE OR ELECTED OFFICIAL:



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

AMOUNT OF EXPENDITURE		89.846		Shelby	25000392 Cnty Ju 2016 02:	idge of P	robate,			89.84
DATE OF EXPENDITURE (mo./day/yr.)		10-11-16								PAGE
PURPOSE OF EXPENDITURE (CHECK ONE)	OTHER GIVE BRIEF EXPLANATION									URES THIS
	Transportation									
	GuigboJ									TOTAL EXPEN
	Repayment Roan	><								
	Fundraising									
	Food									
	Charitable Contribution							<u></u>		
	Consultants/ Polling									
	Pdvertising		<u></u>		_			<u> </u>		
	Administrative									
	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SI CROSSBROOK CIRCLE CHELSEA, AL 35043								
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)		THOMAS DAVE NEWENDARF								FORM REVISED 10.27.2011