

FAIR CAMPAIGN PRACTICES ACT

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA Candidate & Elected Official Campaign Finance Report CIIMMARY FORM 1



Σ	SUMMARY FORM 1		20	61107000409440 1		
	Please Print in Ink or Type.		She 11	Type of Report	Proba	te, AL ED/CERT
Offi	ne of Candidate or Elected Official // Iliam Thomas Edvards ce Sought or Held (include district or circuit number, if applicable) helb County (own:55:07) ist.	Ballot	Ca n	Mont Wee For Monthly R	hly dy	Amended Monthly Amended Weekly
Add	ress Check box if reporting new address Souther Hills		,	Month in which report is filed. For Weekly Re	the	
City		mbor		Date of Friday i week in which t report is filed.	n the he	11/4/16
				Total Number of Pages in Repo		2
S	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)				1 4	316.24
	Cash Contributions					
2a	Itemized cash contributions (total from Form 2)	2a	25	0,00		
2b	Non-itemized cash contributions	2b				
2c	Total cash contributions (add lines 2a and 2b)				2c 8	250, <u>so</u>
	In-Kind Contributions					
3a	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				
4c	Total receipts from other sources (add lines 4a and 4b)		.		4c	
	Expenditures			Į.		
5a	Itemized expenditures (total from Form 5)	5a				
5b	Non-itemized expenditures	5b				
5c	Total expenditures (add lines 5a and 5b)				5c	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)					566.24
Cal	ndidates for State Office: File this report with the Office of the Se	cret	ary of Sta	ıte		
	ndidates for County or Municipal Office: File this report with the		,		y in wh	ich the office is sought.
swe attac rue state	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are and correct and that this information is a full and complete ement of all contributions, expenditures, and other required mation during the applicable period of time.	7	of nd da	the year <u>Mil</u>	<u>g</u>	My commission expires year 2018
Sign	ature of Candidate or Elected Official Date	atur	of Notary P	solublic SICA L. H	011	Md

Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

Contributions received by candidate 9 elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed **DO NOT LIST** in-kind contributions exceed \$100.00, the FCPA requires all contributions from that source to be itemized. ibutions or loans on this form. Use Forms 3 and 4 for those listings.

250,	HIS PAGE	J SNC	JIC	RIB	TOTAL CASH CON-	FORM REVISED 10.27.2011
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alby Coty				·		
409440 2/ Judge of 08:05:51						
/2 \$.00 f Probate						
, AL /CERT						
			· · · · · · · · · · · · · · · · · · ·			
250.76					450 Senth Union St Montgomer-1 A 36104	riends of Retirees
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other Returned	PAC	Business or Corporation Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		CE BUTION ONE)	SOUR DNTRI	OF CC		
		IISungs.	nose I	4 TOT U	O NOT LIST in-kind contributions of loans on this form. Use Forms 3 and	

