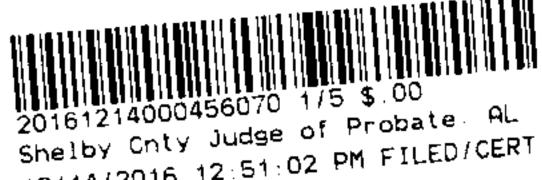


Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



					12/14/20	116 12.5	
	Please Print in Ink or Type.				T (D	4 4 - 1	l
Office Add		Ca	<u> </u>			ekly Reports the Reports y in the	Amended Monthly Amended Weekly
	4/45a5Ler AL 35007 25-5.	<u> </u>	_ 7	853	report is filed. Total Numbe Pages in Rep	er of	5
S	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous filing)						142.43
	Cash Contributions						• •
2a	Itemized cash contributions (total from Form 2)	2a		B			
2b	Non-itemized cash contributions	2b					
2c	Total cash contributions (add lines 2a and 2b)					2c	9
	In-Kind Contributions	$oxed{oxed}$				_	
3a	Itemized in-kind contributions (total from Form 3)	3a		9	- →		
3b	Non-itemized in-kind contributions	3b					
3c	Total in-kind contributions (add lines 3a and 3b)	3с					
	Receipts from Other Sources	<u> </u>				_	
4a	Itemized Receipts from Other Sources (total from Form 4)	4a) vue)		
4b	Non-itemized Receipts from Other Sources	4b		10			
4c	Total receipts from other sources (add lines 4a and 4b)					4c	2,000
	Expenditures	<u> </u>					
5a	Itemized expenditures (total from Form 5)	5a	_2	000	0		
5b	Non-itemized expenditures	5b		15	. 17		
5c	<u> </u>					5c	2015.17
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)					6	
	ndidates for State Office: File this report with the Office of the Sendidates for County or Municipal Office: File this report with the	e Jud	dge	of Proba	ate of the cou		
swe	equired by the Alabama Fair Campaign Practices Act, I hereby ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are	rn to	and		_		My commission expires

Signature of Candidate or Elected Official Date

Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο **ELECTED OFFICIAL**

FORM 2: Contributions

	AME OF CANDID	
When total contributions from a single source exceed \$100.00,	AME OF CANDIDATE OR ELECTED OFFICIAL:	
	1: Laball Millians	Collegional in the lacking the lack of the
the FCPA requires all contributions from that source to be itemized.		מומנימט סווויטוטו

FORM REVISED 9.2.2011 CONTRIBUTOR (INCLUDE FULL NAME) DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. **ADDRESS**(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL **CASH CONTRIBUTIONS** Business or SOURCE
OF CONTRIBUTION
(CHECK ONE) Corporation Individual PAC Other SIHT Returned CONTRIBUTION RECEIVED (mo./day/yr.) PAGE DATE CONTRIBUTION AMOUNT OF

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Shelby Cnty Judge of Probate, AL

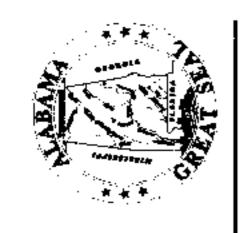
ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

elected official þ Φ Contributions received by candidat In-Kind m FORM

ATE OR ELECTED OFFICIAL: NAME OF CANDID

contributions from that source to be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings When total contributions from a single source exceed \$100.00, the FCPA requires all 1111/22

CONTRIBUTION AMOUNT Ŗ CONTRIBUTION RECEIVED (mo./day/yr.) DATE **CONTRIBUTIONS THIS PAGE** Other SOURCE (CHECK ONE) PAC Individual Corporation |sseuisua Other NATURE OF CONTRIBUTION (CHECK ONE) Transportation Rent **TOTAL IN-KIND** Food **Equipment** Polling-Consultants/ pnisinevbA Administrative (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) ADDRESS CONTRIBUTOR (INCLUDE FULL NAME) FORM REVISED 9.2.2011 161214000456070 3/5 \$.00 Shelby Cnty Judge of Probate, AL 12:51:02 PM FILED/CERT 12/14/2016



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from Other Sources loans, interest, and other sources of inco

NAME OF CANDIDATE OR ELECTED OFFICIAL:

D, 000,00	m	PAGE		SIHT	ST	ש	TOTAL RECE					FORM REVISED 9.2.2011
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RECEIPT	DATE 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]	Other	Loan	Interest	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF RECEIPT (INCLUDE FULL NAME)
		<u>С</u>	CEIPT SOURCE (CHECK ONE)	PT S(뀨	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	EPT	FORM	유		
	ízed.	itemízed.	to be	rce	· · · · · · · · · · · · · · · · · · ·		0, the FCPA requires all contributions from toon this form. Use Forms 2 and 3 for those I	eed \$100.00, contributions o	eed :	œ exc ⊩kind c	itions from a single sourc	When total contribu
								•				

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

FORM 5: Expenditures by candida elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: 7

When total expenditures to a single recipient exceed

\$100.00, the

FCPA

requires

all expenditures

to that recipient

b e

itemized.

FORM REVISED 9.2.2011 PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Administrative Advertising Consultants/ Polling Contribution PURPOSE OF EXPENDITURE (CHECK ONE) TOTAL Food Fundraising **EXPENDITURES** Loan Repayment Lodging Transportation GIVE BRIEF EXPLANATION OTHER SIHT PAGE DATE OF (mo./day/yr.) m EXPENDITURE AMOUNT OF 200 S

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