



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20161214000456070 1/5 \$.00
Shelby Cnty Judge of Probate, AL
12/14/2016 12:51:02 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Ward Williams</u>		Political Party/Ballot Affiliation <u>Republican</u>	
Office Sought or Held (include district or circuit number, if applicable) <u>Shelby County Commissioner District 4</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>225 Summerbrook Lane</u>			
City <u>Alabaster</u>	State <u>AL</u>	ZIP Code <u>35007</u>	Telephone Number <u>255-533-7852</u>

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

November

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<u>142.43</u>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	<u>0</u>
2b	Non-itemized cash contributions	2b	<u>0</u>
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>0</u>
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	<u>0</u>
3b	Non-itemized in-kind contributions	3b	<u>0</u>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<u>0</u>
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<u>2,000</u>
4b	Non-itemized Receipts from Other Sources	4b	<u>0</u>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<u>2,000</u>
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	<u>2,000.00</u>
5b	Non-itemized expenditures	5b	<u>15.17</u>
5c	Total expenditures (add lines 5a and 5b)	5c	<u>2015.17</u>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<u>142.43</u>

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 swear or affirm to the best of my knowledge and belief that the 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.

Ward Williams 12/14/16
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 14th day of Dec of the year 2016. My commission expires the 22nd day of April of the year 2017.

Jessica L. Holland
Signature of Notary Public
Jessica L. Holland
Print Notary's Name

The Great Seal of the State of Alabama is a circular emblem. It features a central shield depicting a landscape with a rising sun, a river, and a cotton plant. The shield is flanked by two figures: a Native American on the left and a Minuteman on the right. Above the shield is a banner with the word 'EUREKA'. The shield is encircled by a wreath. The outer ring of the seal contains the text 'GREAT SEAL' on the left and 'ALABAMA' on the right, separated by stars at the top and bottom.

NAME OF CANDIDATE OR ELECTED OFFICIAL:

March 11/1885

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

CONTRIBUTOR <small>(INCLUDE FULL NAME)</small>	ADDRESS <small>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)</small>	SOURCE OF CONTRIBUTION <small>(CHECK ONE)</small>					DATE CONTRIBUTION RECEIVED <small>(mo./day/yr.)</small>	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
<i>N/A</i>								<i>0</i>
TOTAL CASH CONTRIBUTIONS THIS PAGE								<i>0</i>

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FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Lyndell Williams

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

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other				
<u>None</u>																	
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																	<u>0</u>

NAME OF CANDIDATE OR ELECTED OFFICIAL:

David Williams

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings

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TOTAL RECEIPTS THIS PAGE

200.03



NAME OF CANDIDATE OR ELECTED OFFICIAL:

David Williams

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

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