County Division Code: AL040 Inst. # 2017021113 Pages: 1 of 5 I certify this instrument filed on: 3/2/2017 4:08 PM

Doc: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Clerk: SKIPWITHH

**Print Form** 

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY



Shelby Chty Judge of Probate, AL 04/04/2017 02:25:35 PM FILED/CERT

Please Print in ink or Type.		Maria de Ma	
- 14- AATOCOVII COMA ( ) 19	mocrat	Type of Report (check	one)  Amended Monthly
Office Sought or Held (Include district or circuit number, if applicable)		Weekly For Monthly Reports Month in which the	Amended Weekly
Address Decheck box if reporting new address		report is filed.	MARCH
State ZIP Code Teleph Biaming hom AL 358 103	none Number	For Weekly Reports Date of Friday in the week in which the report is filed.	
7	· ·	Total Number of Pages in Report	5
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous file	ing)	1	
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a		
2b Non-itemized cash contributions	. 2b		
2c Total cash contributions (add lines 2a and 2b)	•	2c	ر -
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 Fo	rm 4) 4a		
4b Non-itemized Receipts from Other Sources	4b		ł
4c Total receipts from other sources (add lines 4a and	4b)	4c	
Expenditures		· •	,
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 lin	ne 5c)	6	
Candidates for State Office, his analysis of a facility of Candidates for County or Municipal Office of a facility of			
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 contributors, expenditures, and other required	March of the	ne year 2017	$2^{r/d}$ day of My commission expires e year $2020$ .
information during the applicable period of time.  Signature of Cantildate or Bected Official Date	Signature of Notary &	Masham NashAen	Peake
FORM PEVASED 10 27 2011	Print Notary's Name		

FORM REVISED 10.27.2011



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

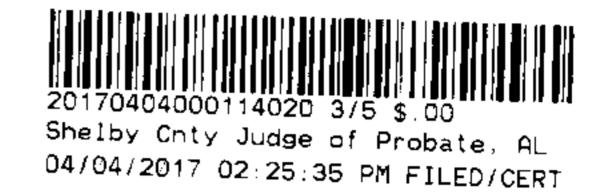
#### FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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 (INCLUDE FULL NAME)		o	FCO	OUR NTRI ECK (	BUTI				
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation		Individual PAC		Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	CONTRIBUTION	
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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



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) STRI			NATURE OF CONTRIBUTION (CHECK ONE)								RCE (ONE)		
	(ADDRESS SHOULD STREET OR P.O. BOX, CITY	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)			Equipment	Rent	Transportation	Other	Business/ Corporation	Individual	2 3	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
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## FORM 4: Receipts from Other Sources loans, Interest, and other sources of Income



NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total	contributions from a single source DO NOT LIST cash or in-ki	exo ind o	eed \$ ontri	100 butik	0.00, the FCPA requires all contributions from on this form. Use Forms 2 and 3 for the	om the elf sec	it soi tings	urce ),	to be	) item	rized.	
SOURCE OF RECEIPT (INCLUDE FULL NAME)		FORM OF RECEIP			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R	(CH (CH	PT 8 ECK (		CE		
		Internet	Logn	Other	GUARANTORS  (FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN)	Lending	PAC	Individual	Business	Other	DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
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### FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. **PURPOSE OF EXPENDITURE** (CHECK ONE) **AMOUNT** PERSON/GROUP/BUSINESS **ADDRESS** DATE OF OTHER (ADDRESS SHOULD INCLUDE EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **EXPENDITURE** (mo./day/yt.) **GIVE** (INCLUDE FULL NAME) . 80216 EXPLANATION Fully uploaded study 1206 Center point

OKWY Branston AL. 35215

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1051,09 TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011