County Division Code: AL040 Inst. # 2016126678 Pages: 1 of 3 I certify this instrument filed on: 12/5/2016 3:36 PM

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

Clerk: NICOLE

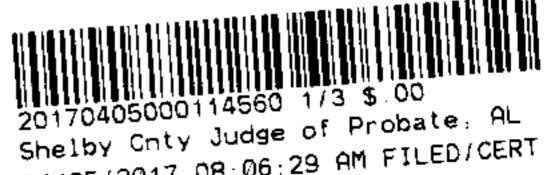
Print Form



FAIR CAMPAIGN PRACTICES ACT

Candidate & Elected Official Campaign Finance Report

THIS AREA FOR OFFICIAL USE ONLY



	SUMMARI FURM I	•			04/05/2	2017	J8:00:25 IIII	
Nac	Please Print in ink or Type. ne of Candidate or Elected Official	Political Party/	Ballot	Affliction	Type of Repo	rt (che	ck one)	
1	onnie Frankin Malone se Sought or Heid (Include district or circuit number, if applicable)				Mo	nthly ekly	Amended Mor	-
Birmingham City Council District 7					For Monthly I Month in which report is filed.	-	November	
	P.O. Box 110294				For Weekly R Date of Friday	•	• • • • • • • • • • • • • • • • • • •	
	Sirmingham AL 35211	Telephone Nu	mber		week in which report is flied.			·
	<u> </u>				Total Number Pages in Rep		3	
S	unimary of activity since last filed report							
1	Beginning balance (ending balance from previo	us filing)		•		1	703.00	
	Cash Contributions]					
2a	itemized cash contributions (total from Form 2)		2a	X		\rceil .	· .	
2 b	Non-itemized cash contributions		2b		·	٦. ١	• . :	
2c	Total cash contributions (add lines 2a and 2b)			• '		2c	<i>'8</i> 3	
	In-Kind Contributions		1		•			
3a	Itemized in-kind contributions (total from Form	3)	За			7	÷	
3 b	Non-itemized In-kind contributions	••	3b	· · · · ·		7	·	Ì
-3C	Total in-kind contributions (add lines 3a and 3b))	3с			7		- 1
Γ	Receipts from Other Sources		Т	•		_		
4a	Itemized Receipts from Other Sources (total fro	m Form 4)	48	314.	29	7	•	
	Non-itemized Receipts from Other Sources		4b		<u> </u>	1	•	
_	Total receipts from other sources (add lines 4a	and 4b)				4c	314.29	
	Expenditures		1 .		•			
5a	Itemized expenditures (total from Form 5)		5a	292.	910	_ .	i	
	Non-itemized expenditures		5b	V -1174	. 	7	•	
5c	Total expenditures (add lines 5a and 5b)			<u> </u>		5c	292.96	
6	Ending balance (add lines 1, 2c, & 4c, then subtr	act line 5c)				6	784.33	
Са	ndidates for State Officer 15 to 15 or 15 or 15 or							
Ca	ndidates for County or Municipal Office. Tower in	-particular		:: · · · · · · · · · · · · · · · · · ·	# + 171 + 1 m	1, 0	End of the off of	() A
As results attached true state	equired by the Alabama Fair Campaign Practices Act, I here are or affirm to the best of my knowledge and belief that ched report(s) and the information contained herein and correct and that this information is a full and compenent of all contributions, expenditures, and other requirement of uring the applicable period of time. Date Date	the sign	ece	and subsci	ribed before me year ZO of Apvi	e this Lof	dayday My commission e the year202	of xpirës

County Division Code: AL040 Inst. # 2016126678 Pages: 2 of 3

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

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

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 in-kind contributions on this form. Use Forms 2 and 3 for those listings. COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) **AMOUNT** DATE ADDRESS SOURCE OF RECEIPT RECEIVED OF (ADDRESS SHOULD INCLUDE **GUARANTORS** (INCLUDE FULL NAME) Lending Individual Business RECEIPT STREET OR P.O. BOX, (mo./day/yr.) [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Interes Loan Other PLETE ADDRESS OF INDIVIDUAL(8) EN-DORSING OR GUARANTEEING LOAN] Lonnie Franklin Malone 2015 Oxphoor Way Bhom, He 35211 Bientichem Al 35211 11/23/16 314.29 Connie Malme TOTAL RECEIPTS THIS PAGE FORM REVISED 10.27.2011

20170405000114560 2/3 \$ 00

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

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** DATE OF PERSON/GROUP/BUSINESS ADDRESS OTHER EXPENDITURE (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) EXPENDITURE (mo./day/yr.) **GIVË** (INCLUDE FULL NAME) BRIEF **EXPLANATION** \$ \$ 88 88 8 8 E 28 3 E Flyer 35020 Jelor Graphics Alpha Phi 701 Short EtAve N. Bessemer N. 864 8th Street West Bham, AL 35204 11/17/16 Croation 11/21/16 2000 Go Daddy Website WWW. Godgdy. com 11/8/16 13.96 Website 292.96 **TOTAL EXPENDITURES THIS PAGE** FORM REVISED 10.27.2011

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