County Division Code: AL040 Inst. # 2016114706 Pages: 1 of 2 I certify this instrument filed on: 11/1/2016 10:35 AM

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

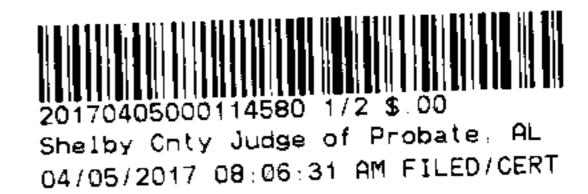
Clerk: SKIPWITHH

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Print Form

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report **SUMMARY FORM 1**



| Please Print in Ink or Type. | • | | |
|--|---|--|---------------------------------|
| Name of Candidate or Elected Official | Political Party/Ballot Affiliation | Type of Report (check | |
| Lomie Franklin Maline | | Monthly Weekly | Amended Monthly Amended Weekly |
| Office Sought or Held (include district or circuit number, if applicable) | | ٠ . | |
| Birmingham City Council District Address Chieck box & reporting now address | • | For Monthly Reports Month in which the report is filed. | September. |
| P.O.Box110294 | | For Weekly Reports | |
| City State ZIP Code | Telephone Number | Date of Friday in the week in which the | |
| Berninger HL 35241 | | report is filed. | |
| · · · · · · · · · · · · · · · · · · · | | Total Number of Pages in Report | \$ |
| Summary of activity since last filed report | | | |
| 1 Beginning balance (ending balance from previo | us filing) | 1 | 1 |
| Cash Contributions | | • , | |
| 2a Itemized cash contributions (total from Form 2) | 2a 440 | | |
| 2b Non-itemized cash contributions | 2b | - . | |
| 2c Total cash contributions (add lines 2a and 2b) | | 2c | 44000 |
| in-Kind Contributions | | <u>[</u> | |
| 3a Itemized in-kind contributions (total from Form 3 | 3) 3a 43 °° | , | |
| 3b Non-itemized in-kind contributions | 3b | | |
| 3c Total in-kind contributions (add lines 3a and 3b) | | D | |
| Receipts from Other Sources | , Joseph J. | | |
| 4a Itemized Receipts from Other Sources (total fro | m Form 4) 4a 3 3 3 | <i>\(\frac{1}{2} \)</i> | |
| 4b Non-itemized Receipts from Other Sources | 4b | | |
| 4c Total receipts from other sources (add lines 4a | and 4b) | 4c | 33260 |
| Expenditures | | | |
| 5a Itemized expenditures (total from Form 5) | 5a 337 | -600 | |
| 5b Non-itemized expenditures | 5b | | |
| 5c Total expenditures (add lines 5a and 5b) | | 5c | 3326 |
| 6 Ending balance (add lines 1, 2c, & 4c, then subtr | act line 5c) | 6 | 48300 |
| Candidates for State Office: To The Control of Children | | | |
| Candidates for County or Municipal Office. | production to the state of the | | |
| As required by the Alabama Fair Campaign Practices Act, I he | reby Sworn to and subs | cribed before me this _ | St day of |
| swear or affirm to the best of my knowledge and belief that | | Tie Year 2016 | . My commission expires |
| attached report(s) and the Information contained herein true; and correct and that this information is a full and comp | | May of the | ne year 2020 |
| statement of all contributions, expenditures, and other requ | | | _ |
| information during the applicable period of time. | + that meix | Novement - | eake |
| Signature of Candidate or Elected Official Date | Signature of Notary Pr | | · · |
| . Salarina or Cationoma or Elacetor Otheran Data . | CHARNEY | Nauhar P | eake |
| FORM REVISED 10.27.2011 | Print Notacy a Name | - · · · · · · · · · · · · · · · · · · · | |

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) DATE **AMOUNT** ADDRESS **SOURCE OF RECEIPT** (ADDRESS SHOULD INCLUDE **GUARANTORS** RECEIVED **OF** (INCLUDE FULL NAME) STREET OR P.O. BOX, (mo./day/yr.) RECEIPT [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) PLETE ADDRESS OF INDIVIDUAL(S) EN-5 E E 3 5 DORBING OR GUARANTEEING LOAN Lannie Franklin Maline 275 Oknoor Way Lonnia Malne **TOTAL RECEIPTS THIS PAGE** FORM REVISED 10.27.2011

