County Division Code: AL040 Inst. # 2017054305 Pages: 1 of 5 I certify this instrument filed on: 5/31/2017 10:43 AM

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



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FAIR CAMPAIGN PRACTICES ACT

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

FILED IN OFFICE PROBATE COURT

MAY 3 1 2017

ALAN L. KING Judge of Probate

E.O.D. Please Print in Ink or Type. Calendar Year Name of Candidate or Elected Official Political Party/Ballot Affiliation covered by this report. Lyord Watson Ir. Office Sought or Held (include district or circult number, if applicable) Amended Annual Report Termination Report Address Effeck box if reporting new address City Birminghan **Total Pages in Report** Include this page in ZIP Code | Telephone Number State your count.

L					
S	ECTION I - Summary of activity from last filed report	throu	gh December 31 o	fre	porting year
1	Beginning balance (ending balance from previous filing)	HAT THE		1	2010
	Cash Contributions			7	
2a	Itemized cash contributions (total from Form 2)	2a	0		
2b	Non-itemized cash contributions	2b	Ø		
2c	Total cash contributions (add lines 2a and 2b)			2c	0
Г	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	O		
3b	Non-itemized in-kind contributions	3b	C		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0		
	Receipts from Other Sources	· · · · · · · · · · · · · · · · · · ·			
4a	Total itemized receipts from other sources (total from Form 4)	4a	C		
4b	Total non-itemized receipts from other sources	4b	d		
4c	Total itemized receipts from other sources (add lines 4a and 4b)	102.0		4c	0
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	O		
5b	Non-itemized expenditures	5b	0		
5c	Total expenditures (add lines 5a and 5b)			5c	\mathcal{O}
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	2,010
SI	ECTION II - Summary of activity for entire reporting	year -	January 1st throug	jh C	ecember 31st
7	Beginning balance (as of January 1 of reporting year)			7	2,010
8	Total cash contributions for year			8	
9	Total in-kind contributions for year	9			
10	Total receipts from other sources for year			10	
11	Total expenditures for year			11	
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)			12	2,010
13	Total campaign debt (total debt owed as of December 31)	13			

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.

Signature of Candidate or Elected Official

Swom to and subscribed before me this 315+ day of May of the year 2017. My commission expires the 3 va day of Nwembex of the year 2017.

. \	alered L. Kirkesatric
	Signature of Notary Public
soul Water 1.	13-31-2017 Alfred L. Kirkpaty

Date

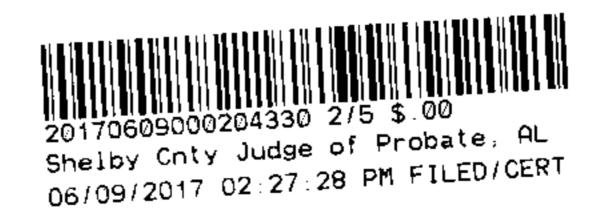
Print Notary's Name

FORM REVISED 9.2.2011

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. SOURCE OF CONTRIBUTION (CHECK ONE) CONTRIBUTOR **ADDRESS AMOUNT** DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF Business o Corporation Individual PAC Other Returned STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.)



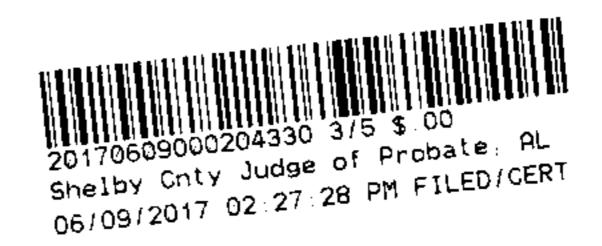
TOTAL CASH CONTRIBUTIONS THIS PAGE

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

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: 400 Wallschill State of Sta

When to	al contributions from a single source exceed \$100.0 DO NOT LIST cash or loans on this	O, the	m. l	CPA Jse F	orm	res s 2	all or and	ontait 4 for	thos	ns tro se lis	ings	iat si i.	DUTC	e to be Remized.	
· · · · · · · · · · · · · · · · · · ·	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)					
CONTRIBUTOR (INCLUDE FULL NAME)		Administrative	Advertising	Consultantal	Equipment	f.	Rent	Transportation	Other	Businesa/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
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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 NAME OF CANDIDATE OR ELECTED OFFICIAL: Local Walten St.

•

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 RECEIVED (INCLUDE FULL NAME) **GUARANTORS** OF STREET OR P.O. BOX, Lending Institution PAC Individual Business Other (mo./day/yr.) RECEIPT (FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) PLETE ADDRESS OF INDIVIDUAL(S) EN-를 걸 중 DORSING OR GUARANTEEING LOAN] **TOTAL RECEIPTS THIS PAGE** FORM REVISED 9.2.2011



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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: Lyord Watson Jr.



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) PERSON/GROUP/BUSINESS **ADDRESS** DATE OF **AMOUNT** OTHER Administrative
Advertising
Consultants/
Polling
Contribution
Food
Food
Loen
Repeyment
Loen
Transportation (ADDRESS SHOULD INCLUDE EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) GIVE (mo./day/yr.) EXPENDITURE (INCLUDE FULL NAME) BRIEF **EXPLANATION TOTAL EXPENDITURES THIS PAGE** FORM REVISED 9.2.2011



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