

20200810000342090 1/4 \$.00  
Shelby Cnty Judge of Probate, AL  
08/10/2020 02:20:42 PM FILED/CERT

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Grandolph Kay Snowden Turner</b>	Political Party/Ballot Affiliation <b>DEMOCRAT</b>
Office Sought or Held (include district or circuit number, if applicable) <b>Council Member Calera</b>	
Address <input type="checkbox"/> Check box if reporting new address <b>PO Box 1680</b>	
City <b>CALERA</b>	State <b>AL</b> ZIP Code <b>35040</b> Telephone Number <b>[REDACTED]</b>

## Type of Report (check one)

☐ Monthly  
☒ Weekly

☐ Amended Monthly  
☐ Amended Weekly
For Monthly Reports  
Month for which the  
report is filed.For Weekly Reports  
Date of Friday in the  
week for which the  
report is filed.Total Number of  
pages in Report

Month for which the report is filed.	
Date of Friday in the week for which the report is filed.	<b>8/7/2020</b>
Total Number of pages in Report	<b>4</b>

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<b>0</b>
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	<b>0</b>
2b	Non-itemized cash contributions	2b	<b>0</b>
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>0</b> \$0.00
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>727.42</b>
3b	Non-itemized in-kind contributions	3b	<b>0</b>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>727.42</b> \$0.00
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>540.00</b>
4b	Non-itemized Receipts from Other Sources	4b	<b>0</b>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>540.00</b> \$0.00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	<b>164.25</b>
5b	Non-itemized expenditures	5b	<b>0</b>
5c	Total expenditures (add lines 5a and 5b)	5c	<b>164.25</b> \$0.00
<b>Expenditures on Line of Credit</b>			
6a	Itemized expenditures (total from Form 6)	6a	<b>0</b>
6b	Non-itemized expenditures	6b	<b>0</b>
6c	Total expenditures on credit (add lines 6a and 6b)	6c	<b>0</b> \$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<b>0</b> \$0.00

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

Date

Sworn to and subscribed before me this **10th** day of**August** of the year **2020**. My commission expiresthe **28th** day of **March** of the year **2022**.

Signature of Notary Public

Signature of Notary Public

Print Notary's Name

**CHERRY GREEN**  
 Notary Public  
 State of Alabama

NAME OF CANDIDATE OR ELECTED OFFICIAL: Shondra J. Sanders TRAINER

When total contributions from a single source exceed \$100.00, the F-CPA 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.

**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		
DOLBY S. MURDERMAN	PO BOX 680 CALERA, AL 35040	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/6/20	658.12	
DOLBY S. MURDERMAN	PO BOX 680 CALERA, AL 35040	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/7/20	69.30	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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# RM 4: Receipts from Other Sources, loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Quendolyn Key Snider Turner

When total contributions from a single source exceed \$100.00, the PSF 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.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN  GUARANTORS  (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
Quendolyn Key Snider Turner	PO BOX 680 Alexa, AL 35040	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quendolyn Key Snider Turner PO BOX 680, Alexa, AL 35040	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/6/20	40.00
Quendolyn Key Snider Turner	PO BOX 680 Alexa, AL 35040	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quendolyn Key Snider Turner PO BOX 680, Alexa, AL 35040	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8/6/20	500.00
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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