



FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

FEB 23 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.					· .
Name of Candidate or Elected Official	Political Party/Ba	allot Affiliation	Type of Report		one) Amended Monthly
Ernest F. PAYNe	Repub	LICAN	Mont Week		Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)				•	Amended Weekly
Efourth Co. BeloFal. H4			For Monthly Re Month in which	•	
Address Check box if reporting new address			report is filed.	-	
1001 PAYNE Rd.			For Weekly Re Date of Friday in	•	Feb. 19
City State ZIP Code Alton A A 35451	Telephone Num 256 — 49		week in which the report is filed.		
			Total Number of Pages in Repo		5
	<u>.</u>		Pages III Kepo	· · · ·	
Summary of activity since last filed report	GU)			· .	
1 Beginning balance (ending balance from previ	ious filing)			1 0	<u>O</u>
Cash Contributions			·	1	
2a Itemized cash contributions (total from Form 2	2)	2a 🔘			
2b Non-itemized cash contributions		2b 💍			· · · · · · · · · · · · · · · · · · ·
2c Total cash contributions (add lines 2a and 2b)	<u> </u>		•	2c	0
In-Kind Contributions		· · ·	·	·	
3a Itemized in-kind contributions (total from Form	1 3)	3a <i>O</i>			
3b Non-itemized in-kind contributions		3b 💪	·		
3c Total in-kind contributions (add lines 3a and 3	b)	3c (
Receipts from Other Sources					
4a Itemized Receipts from Other Sources (total fr	om Form 4)	4a 🔘			
4b Non-itemized Receipts from Other Sources		4b 0			
4c Total receipts from other sources (add lines 4	a and 4b)			4c	0
Expenditures					
5a Itemized expenditures (total from Form 5)		5a 0]	
5b Non-itemized expenditures		5b O			
5c Total expenditures (add lines 5a and 5b)	-		STATE OF THE	5c	O O
6 Ending balance (add lines 1, 2c, & 4c, then sub	tract line 5c)	表。 第二章 第二章		6	0
			to	1 - 1	
Candidates for State Office: File this report with the Candidates for County or Municipal Office: File this				tv in wh	ich the office is sought.
			cribed before me		
As required by the Alabama Fair Campaign Practices Act, I have a ror affirm to the best of my knowledge and belief the	A + +	_			
attached report(s) and the information contained herei	n are		- 		My commission expires
true and correct and that this information is a full and constatement of all contributions, expenditures, and other rec		day	of <u>Savi</u>	of the	e year 2018
information during the applicable period of time.	1	\bigcap		7	
1 C 121 2 7 7 7 1 1 2/22	// (6 Signs	ature of Notary P	ublic	10	
Signature of Candidate of Elected Official Date	LI Ciglio	1.0			meo .

Print Notary's Name

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

FORM 2: Contributions received by candidate or elected official

ž.	
	Christini
	CALSE

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.

	NOT LIST in-kind contributions or loans on this form. Use Forms 3 ar	OF C	SOU TNO:	IRCE RIBUT K ONE	ION	DATE	AMOUNT OF CONTRIBUTION
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	Other	Returned	CONTRIBUTION RECEIVED (mo./day/yr.)	
101							
÷.							
							·
							•
FORM REVISED 10.27.2011	TOTAL CASH CON	NTRIB	UTI	ONS	S TH	IIS PAGE	

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

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

Diagram of the second	
1.	771: \\
	TSEE

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 cash or loans on this form. Use Forms 2 and 4 for those listings.

	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)			URE (OF C	ONTI K ONE	RIBU E)	TION		(0	SOU	RCE K ONE	≣)	DATE	AMOUNIT
CONTRIBUTOR (INCLUDE FULL NAME)				Consultants/ Polling	Equipment	Food	Rent	Transportation Other Business/ Corporation		Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
															·
$\overline{\bigcap}$	W P													·	
															:
		 									,				
						-							-		
FORM REVISED 10.27.2011	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														

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

FORM 4: Receipts from Other Sources Joans, linterest, and other sources of income

ne :		
------	--	--

NAME OF CANDIDATE OR ELECTED OFFICIAL:

FORM REVISED 10.27.2011

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.

COLUDOR OF DECEME	ADDRESS		FORM	A EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	Ri	ECEII (CH	PT S			DATE	AMOUNT
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX,	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	OF RECEIPT
None												
								<u></u>				<u></u>
· · · · · · · · · · · · · · · · · · ·		<u> </u>										
*												
					TOTAL RECI	EID.	TS '	THI	SF	PAG	F	•

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: Emel



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

			-		PU	IRPO	SE (OF EX	KPEN ONE)	DITU	RE			
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE		
MONE									-	_				
	,										•			
			-											
		-												
-No.	· · · · · · · · · · · · · · · · · · ·		•								, , , , , , , , , , , , , , , , , , , ,		· ·	
					-		<u> </u>				<u> </u>			
FORM REVISED 10.27.2011		I	l	1,	T	OT/	AL I	EXI	PEN	DIT	URES THIS	PAGE		