

# ALABAMA FAIR CAMPAIGN PRACTICES ACT CANDIDATE / ELECTED OFFICIAL ANNUAL REPORT SUMMARY FORM 1A

Please Print in Ink or Type.

**FILED**  
**FEB 06 2017**  
BOBBY M. JUNKINS  
JUDGE OF PROBATE

Name of Candidate or Elected Official CAROLYN PARKER		Political Party/Ballot Affiliation DEMOCRATIC	
Office Sought or Held (include district or circuit number, if applicable) ETOWAH COUNTY COMMISSIONER DISTRICT 05			
Address <input type="checkbox"/> Check box if reporting new address 1637 ARROWHEAD DRIVE			
City GADSDEN	State AL	ZIP Code 35903	Telephone Number 2563058200

**Type of Report (check one)**

Annual Report for Year 2016

Termination Report

Amended Annual Report for Year \_\_\_\_\_

**SECTION I - Summary of activity from last filed report through December 31 of reporting year**

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

**SECTION II - Summary of activity for entire reporting year - January 1st through December 31st**

<b>7</b>	Beginning balance (as of January 1 of reporting year)	<b>7</b>	\$0.00
<b>8</b>	Total cash contributions for year	<b>8</b>	\$0.00
<b>9</b>	Total in-kind contributions for year	<b>9</b>	\$0.00
<b>10</b>	Total receipts from other sources for year	<b>10</b>	\$0.00
<b>11</b>	Total expenditures for year	<b>11</b>	
<b>12</b>	Ending balance (add lines 7, 8, & 10, then subtract line 11)	<b>12</b>	\$0.00
<b>13</b>	Total campaign debt (total debt owed as of December 31)	<b>13</b>	\$0.00

Sworn to and subscribed before me this 6 day of Feb. of the year 2017. My commission expires the 22 day of March of the year 2018.

Sheila B. McGinnis  
Signature of Notary Public  
Sheila B. McGinnis  
Print Notary's Name

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.

Carolyn Parker  
Signature of Candidate or Elected Official  
Date

ALABAMA FAIR CAMPAIGN PRACTICES ACT

**FORM 2: CONTRIBUTIONS** RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

PAGE 02 OF 14

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
	1637 ARROWHEAD DRIVE							
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>							\$0.00	

**FORM 2: CONTRIBUTIONS** RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>							\$0.00	

ALABAMA FAIR CAMPAIGN PRACTICES ACT

**FORM 2: CONTRIBUTIONS** RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

PAGE 04 OF 14

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>							<b>\$0.00</b>	

ALABAMA FAIR CAMPAIGN PRACTICES ACT

**FORM 2: CONTRIBUTIONS** RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>							<b>\$0.00</b>	

ALABAMA FAIR CAMPAIGN PRACTICES ACT

**FORM 2: CONTRIBUTIONS** RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

PAGE 06 OF 14

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>								\$0.00

**FORM 3: IN-KIND CONTRIBUTIONS** RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

The FCPA requires that those contributions greater than \$100 be itemized. **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					
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																	\$0.00	

**FORM 3: IN-KIND CONTRIBUTIONS** RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

The FCPA requires that those contributions greater than \$100 be itemized. **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				
															<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>		\$0.00



# FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

PAGE 09 OF 14

The FCPA requires that those contributions greater than \$100 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			
<b>TOTAL RECEIPTS THIS PAGE</b>												\$0.00	

ALABAMA FAIR CAMPAIGN PRACTICES ACT  
**FORM 5: EXPENDITURES**

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER  
 CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$0.00

ALABAMA FAIR CAMPAIGN PRACTICES ACT  
**FORM 5: EXPENDITURES**

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

PAGE 11 OF 14

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$0.00

ALABAMA FAIR CAMPAIGN PRACTICES ACT  
**FORM 5: EXPENDITURES**

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
<b>TOTAL EXPENDITURES THIS PAGE</b>												\$0.00	

ALABAMA FAIR CAMPAIGN PRACTICES ACT  
**FORM 5: EXPENDITURES**

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

PAGE 13 OF 14

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$0.00

# FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: CAROLYN PARKER

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
<b>TOTAL EXPENDITURES THIS PAGE</b>												\$0.00	