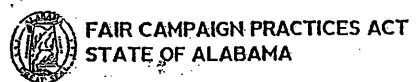


FORM REVISED 10.27,2011



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

FILED APR 0 6 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Diana Dalai Indiana Toma	•	
Please Print in Ink or Type. Name of Candidate or Elected Official Political Party/Ballot Affiliation	Type of Report (check one)	
	Monthly Amended Monthly	
Office Sought or Held (include district or circuit number, if applicable)	Weekly Amended Weekly	
Ftowah Co. District Commission Distric	For Monthly Reports Month in which the report is filed. March	
590 Steel Plant Lake Board	For Weekly Reports	$\vec{\exists}$
City State ZIP Code Telephone Number	Date of Friday in the week in which the	
Altoona AL 35952205589-607	78 report is filed.	
	Total Number of Pages in Report	
Summary of activity since last filed report		
1 Beginning balance (ending balance from previous filing)	1 829,40	7
Cash Contributions		7
2a Itemized cash contributions (total from Form 2) 2a 80	0,00	
2b Non-itemized cash contributions 2b		
2c Total cash contributions (add lines 2a and 2b)	2c 800,00	
In-Kind Contributions		
3a Itemized in-kind contributions (total from Form 3) 3a		
3b Non-itemized in-kind contributions 3b		
3c Total in-kind contributions (add lines 3a and 3b) 3c		
Receipts from Other Sources		
4a Itemized Receipts from Other Sources (total from Form 4) 4a 0		ŀ
4b Non-itemized Receipts from Other Sources 4b		
4c Total receipts from other sources (add lines 4a and 4b)	4c 🕖	7
Expenditures		7
5a Itemized expenditures (total from Form 5) 5a 40	06.49	ľ
5b Non-itemized expenditures 5b		
5c Total expenditures (add lines 5a and 5b)	5c 406,49	7
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6/222.91	7
Candidates for State Office: File this report with the Office of the Secretary of S	State.	
Candidates for County or Municipal Office: File this report with the Judge of P		
As required by the Alabama Fair Campaign Practices Act, I hereby Sworn to and su	ubscribed before me this day of	_
swear or affirm to the best of my knowledge and belief that the	of the year 2016 . My commission expires	
allacted reportary and the information contained herbit are	day of June of the year 2019.	•
statement of all contributions, expenditures, and other required		
information during the applicable period of time.	Lua L. Celeman	1
Hendalloyelly The Signature of Notary		_
Signature of Candidate or Elected Official Date	bon (Paleman	1
FORM REVISED 10 27 2011 Print Notary's Name	THE COLUMN THE	

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: Glenda Fave MOXIEN 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** DATE **AMOUNT** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) 3-15-16 TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

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

FORM 3: In-Kind Cont

tributions received by candidate or elected official	
ICIAL: Glenda Fave Moxley	

NAME OF CANDIDATE OR ELECTED OFFI 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. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) CONTRIBUTOR ADDRESS AMOUNT : DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF Advertising STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) TOTAL IN-KIND CONTRIBUTIONS THIS PAGE **FORM REVISED 10.27.2011**

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: Glenda Fave, Moxlein



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.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS	FORM COMPLETE THIS BLOCK IF RECEIPT IS A LOAN		RECEIPT S (CHECK	OURCE ONE)			
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	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 OF	RECEIPT
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							•	
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		<u></u>				<u> </u>		

TOTAL RECEIPTS THIS PAGE

9

FORM REVISED 10.27.2011

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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: Glanda Faye Moxley



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 (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE EXPENDITURE OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) (INCLUDE FULL NAME) GIVE (mo./day/yr.) **EXPENDITURE** BRIEF **EXPLANATION** Donation for Studently

FORM REVISED 10.27.2011

TOTAL EXPENDITURES THIS PAGE

\$40649