FORM REVISED 10.27.2011



MOV 0 4 2016

BY:

# Candidate & Elected Official Compaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

OCT 13 2016

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Heath Wilson  Office Sought or Held (include district or circuit number, if applicable)  Boaz City Council Place 4  Address Check box if reporting new address	Political Party/Ba	allot /	Affiliation	For Mont Month in report is f	Mont Weel thly Rowhich which iled.	hly kly eports the	Amended Monthly Amended Weekly
712 Idlewild Street  City State ZIP Code	Telephone Num	her		For Weel Date of F	riday i	n the	10/7/16
1 1	256-302-22			week in w report is f	• • • • •	he	10/7/10
				Total Nur Pages in			
Summary of activity since last filed report		4 ±	*	, ugoo iii			
Beginning balance (ending balance from previous	us filing)					1	250.00
Cash Contributions							
2a Itemized cash contributions (total from Form 2)		2a		Abortoerak daga 18 Abril	<u>See See earl</u>		
2b Non-itemized cash contributions		2b			<del></del> \		
2c Total cash contributions (add lines 2a and 2b)		Zes Çer Resis Sign				2c	
In-Kind Contributions		(1) (2) (1) (2) (2) (2)					
3a Itemized in-kind contributions (total from Form 3)	)	3a	<u> </u>				
3b Non-itemized in-kind contributions		3b		• • • •			
3c Total in-kind contributions (add lines 3a and 3b)		3c			<del></del>		
Receipts from Other Sources			7, 50 (\$4) (\$4)				
4a Itemized Receipts from Other Sources (total from	n Form 4)	4a					
4b Non-itemized Receipts from Other Sources		4b					
4c Total receipts from other sources (add lines 4a a	and 4b)					4c	
Expenditures							
5a Itemized expenditures (total from Form 5)		5a					
5b Non-itemized expenditures		5b				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
5c Total expenditures (add lines 5a and 5b)						5c	
6 Ending balance (add lines 1, 2c, & 4c, then subtra	ct line 5c)					6	250.00
Candidates for State Office: File this report with the Office Candidates for County or Municipal Office: File this report			· ·	,	count	y in w	hich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I here swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein a true and correct and that this information is a full and complete statement of all centributions, expenditures, and other requirement information during the applicable period of time.  10/10/16	the are the red	1		lu	NY	of the	day of
Signature of Candidate or Elected Official Date	. 1		ea t	nn	6		UBLIC CO

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: Heath Wilson

**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 in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE **OF CONTRIBUTION** (CHECK ONE) **AMOUNT** DATE CONTRIBUTOR **ADDRESS** OF (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION Individual Returned STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION Other (mo./day/yr.) PAC 2016 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: Heath Wilson

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.

CONTRIBUTOR (INCLUDE FULL NAME)			NAT	URE (		ONT K ON		TION	i	(	<b>SOL</b> CHEC	IRCE K ON			A 14 B 1 1 1 T
	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)		Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ 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: Heath Wilson

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.

			FORM	⁄I EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R	E <b>CEI</b> I (CH	PT SO		CE	5.475	AMOUNT
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	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	DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
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	2016											
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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: Heath Wilson

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

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PERSON/GROUP/BUSINESS  RECEIVING EXPENDITURE  (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)			Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
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TOTAL EXPENDITURES THIS PAGE ORM REVISED 10.27.2011									PAGE	0			