

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

ED IN OFFICE

140V 1 7 2016 NOV 1 0 2016

BOBBY M. JUNIONS TIM MITCHELL JUDGE OF PROBATBUDGE OF PROBATE BY:

| | Please Print in Ink or Type. | | | _ | |
|--|---|-------------------|---------------------|--|-------------------------|
| Nar | ne of Candidate or Elected Official | Political Party/I | Ballot Affiliation | Type of Report (chec | |
| | Jeffely Daylis | · | | Monthly | Amended Monthly |
| Offi | ce Sought or Held (include district or circuit number, if applicable) | | | Weekly | Amended Weekly |
| Ade | Boaz City Council Place 2 Iress Check box if reporting new address | | | For Monthly Reports Month in which the | |
| Auc | C) Comment box in reporting new address | | | report is filed. | |
| 89 Kilfatrick Dr | | | | For Weekly Reports Date of Friday in the | |
| Cit | , | Telephone Nur | nber | week in which the | 11-10-16 |
| | Joaz AL 35957 | A56210 | 2-00 () | report is filed. Total Number of | 11 10 18 |
| | | _ | | Pages in Report | |
| S | ummary of activity since last filed report | | | | |
| 1 | Beginning balance (ending balance from previo | us filing) | | 1 | 30.84 |
| | Cash Contributions | | | | |
| 2a | Itemized cash contributions (total from Form 2) | - | 2a | | |
| 2b | Non-itemized cash contributions | | 2b | | |
| 2c | Total cash contributions (add lines 2a and 2b) | | | 2c | |
| | In-Kind Contributions | | | | |
| За | Itemized in-kind contributions (total from Form 3 | 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 | m Form 4) | 4a | | |
| 4b | Non-itemized Receipts from Other Sources | , | 4b | | |
| 4c | Total receipts from other sources (add lines 4a | and 4b) | | 4c - | |
| | Expenditures | | | | |
| 5a | Itemized expenditures (total from Form 5) | | 5a | | |
| 5b | Non-itemized expenditures | | 5b | | |
| 5c | Total expenditures (add lines 5a and 5b) | | | 5c - | |
| 6 | Ending balance (add lines 1, 2c, & 4c, then subtra | act line 5c) | | | 30,84 |
| Candidates for State Office: File this report with the Office of the Secretary of State. | | | | | |
| Candidates for County or Municipal Office: File this report with the Judge of Probate of the county is which the office is sought. | | | | | |
| | | | | | |
| swear or affirm to the best of my knowledge and belief that the | | | | | |
| attached report(s) and the information contained herein are | | | | 11 | . My commission expires |
| true and correct and that this information is a full and complete the statement of all contributions, expenditures, and other required | | | <u>au</u> day | march of the | ne year 3019. |
| information during the applicable period of time. | | | Hual | Also A | cololler. |
| 11-10-16 Sign | | | ature of Notary Pub | IIC TO PUBLIC | |
| Sign | atter of Candidate or Elected Official Date | _ | 100/ | L WASTATE! | 2.10 c |

Print Notary's Name