Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

FILED

JUL 1 1 2016

BOBBY M. JUNIONS JUDGE OF PROBATE

	Please Print in Ink or Type.			0-1		<u>.</u>		
Name of Candidate or Elected Official Political Party/s				Affiliation	Calendar Year covered by this	report.	1 721	
Coffice Sought or Held (include district or circuit number, if applicable)						- F • •	2010	
						Amended An	nual Report	
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Add	ress Check box if reporting new address					remination i	(epoit	
1	23 WINDY HILL Rd.			Total Pages in	-	t		
City	State ZIP Code	ımber		Include this pag your count.	e in			
RAINBOW CITY, AL 35906 256-44.				7012	your oours.			
SE	CTION I - Summary of activity from last file	ed report	thro	ough Dec	ember 31 of	repo	orting year	
1	Beginning balance (ending balance from previous filing)	<u> </u>	┧,			1	-0-	
	Cash Contributions				, %	-	· Company	
2a	Itemized cash contributions (total from Form 2)		2a			**	to the second se	
2b	Non-itemized cash contributions		2b				a e	** • ;
2c	Total cash contributions (add lines 2a and 2b)		<u> </u>		e de la companya de	2c	-0-	
	In-Kind Contributions			: _ -	, x x		* **	**
3a	Itemized in-kind contributions (total from Form 3)	<u>-</u> -	3a	· -		•		
3b	Non-itemized in-kind contributions		3b			٠	9 2 	· · ·
3с	Total in-kind contributions (add lines 3a and 3b)	al in-kind contributions (add lines 3a and 3b)						,
	Receipts from Other Sources		2	1 0 9	a di di grande di series			4
4a	Total itemized receipts from other sources (total from Fo	otal itemized receipts from other sources (total from Form 4)					# 3 u	
4b	Total non-itemized receipts from other sources	al non-itemized receipts from other sources `				<u> </u>		
4c	Total itemized receipts from other sources (add lines 4a and 4b)			9.v.		4c	-0-	
	Expenditures			er ^{ie}		_		
5a	Itemized expenditures (total from Form 5)		5a			. , ,		the state of the s
5b	Non-itemized expenditures		5b			,	and the second of the second o	
5c	Total expenditures (add lines 5a and 5b)		_ `	e e		5c	-0-	
6	ding balance (add lines 1, 2c, & 4c, then subtract line 5c)		,	* , *		6	-0-	
SECTION II - Summary of activity for entire reporting year - January 1st through December 31st								st
7	Beginning balance (as of January 1 of reporting year)			*	,	7	~-Ø-	
8	Total cash contributions for year		7 .	φλ. : 3 •••	, y	8	-0-	
9	Total in-kind contributions for year		9					
10	Total receipts from other sources for year				.г., Ус.	10	-0-	
11	Total expenditures for year] .			11	-0-'	
12	Ending balance (add lines 7, 8, & 10, then subtract line	11)]			12	-0-	
13	Total campaign debt (total debt owed as of December 3	31)	13			-	4 4	<i>y</i> .
affirr their is a f	equired by the Alabama Fair Campaign Practices Act, I hereby swe in to the best of my knowledge and belief that the attached report(s) information contained herein are true and correct and that this information during the applicable period of time.) and ation year	20		before me this	he a	day of	Of the Again of
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C:	adult Kenum 2-11-	<i>>/<</i>	showie	OC. R	<u>، د، د</u>	Vill	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
oigr	lature of Candidate of Elected Official Date	Prin	it Nota	rys Name			William !	

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: _ 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 **ADDRESS** CONTRIBUTOR CONTRIBUTION OF (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Individual Returned STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION **RECEIVED** (mo./day/yr.) PAC TOTAL CASH CONTRIBUTIONS THIS PAGE **FORM REVISED 9.2.2011**

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: 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) DATE **AMOUNT** CONTRIBUTOR **ADDRESS** Transportation Other Administrative Advertising
Consultants/
Polling
Equipment Business/ Corporation Individual (ADDRESS SHOULD INCLUDE CONTRIBUTION OF (INCLUDE FULL NAME) STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED CONTRIBUTION** Other (mo./day/yr.) Food Rent TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 9.2.2011

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: _ 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. **COMPLETE THIS BLOCK IF RECEIPT FORM** RECEIPT SOURCE **IS A LOAN** OF RECEIPT (CHECK ONE) **AMOUNT** DATE **ADDRESS SOURCE OF RECEIPT** (ADDRESS SHOULD INCLUDE **RECEIVED** OF **GUARANTORS** (INCLUDE FULL NAME) Individual STREET OR P.O. BOX, Business (mo./day/yr.) **RECEIPT** Interest [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Other Loan PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN]

TOTAL RECEIPTS THIS PAGE

FORM REVISED 9.2.2011

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:

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

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