

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

FEB 0 1 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.				
	/Ballot Affiliation	Type of Report	•	•
Terry Dine Clan Repu	16 hEAUS	Month		Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)	ן כלו	Week	-	Amended Weekly
Address Check box if reporting new address	<u>/ D57." ></u>	For Monthly Re Month in which t report is filed.		Fe bruary
1105 x-14 5-twood S.W.		For Weekly Rep	oorts	
City State ZIP Code Telephone No.	umber	Date of Friday ir week in which the report is filed.		2/5/16
11 17 17 17 17 17 17 17 17 17 17 17 17 1	12-3137	Total Number o	of .	5
		Pages in Repor	rt .	
Summary of activity since last filed report				
1 Beginning balance (ending balance from previous filing)	<u>.</u>		1	12831
Cash Contributions		· .		•
2a Itemized cash contributions (total from Form 2)	2a — C	> _		
2b Non-itemized cash contributions	2b c) —		
2c Total cash contributions (add lines 2a and 2b)	:		2c	-0-
In-Kind Contributions	7			
3a Itemized in-kind contributions (total from Form 3)	3a —	0		
3b Non-itemized in-kind contributions	3b —	-0-	•	•
3c Total in-kind contributions (add lines 3a and 3b)	3c	_ 0 ~	•	
Receipts from Other Sources				
4a Itemized Receipts from Other Sources (total from Form 4) 4a	0 —		
4b Non-itemized Receipts from Other Sources	4b	-6 -		
4c Total receipts from other sources (add lines 4a and 4b)			4c	-0 -
Expenditures	7			
5a Itemized expenditures (total from Form 5)	5aC)		
5b Non-itemized expenditures	5b C		,	• •
5c Total expenditures (add lines 5a and 5b)			5c	-0-
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c			6	A2837
Candidates for State Office: File this report with the Office of the				
Candidates for State Office: File this report with the Office of the Candidates for County or Municipal Office: File this report with the Candidates for County or Municipal Office:	he Judge of Prol	oate of the count	v in w	hich the office is sought
	vorn to and subsc		_	4
for a second to the best of any branched an and boliof that the				
attached conort(s) and the information contained herein are	<u>ensuay</u> oi ii	ne year <u>2014</u>		. My commission expires
true and correct and that this information is a full and complete the statement of all contributions, expenditures, and other required	∌ <i>[&⊁</i> day	of fine	_ of th	ne year <u>2019</u> .
information during the applicable period of time.	Sie	wa X.Cl	710	m i <i>(1) An</i>
Haylle & Hills si	gnature of Notary Pu	ublic	<u>/ L. L. / </u>	
Signature of Candidate or Elected Official Date	•	a L. Cal	o es	l me en
FORM REVISED 40 27 2014 Pr	rint Notary's Name	C. LW		

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

FORM 2: Contributions received by candidate or elected official

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Terry DAM (ClAW 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) Business or Corporation Individual STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION -Other (mo./day/yr.) PAC 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 Contributions received by candidate or elected official

FORM REVISED 10.27.2011

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(NM DM C/AN 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) **AMOUNT** DATE **ADDRESS** CONTRIBUTOR Transportation Business/ Corporation Individual OF CONTRIBUTION (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Advertising **RECEIVED** CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) Food Rent TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

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: (OUT) WC C/AW

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) DATE **AMOUNT ADDRESS** SOURCE OF RECEIPT **RECEIVED** OF (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) **GUARANTORS** Lending Institution PAC Individual Business STREET OR P.O. BOX, (mo./day/yr.) **RECEIPT** [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 10.27.2011

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: [OUND D. MECLAN



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient 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)											
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
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