



# 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.	
Name of Candidate or Elected Official Political Party/	Ballot Affiliation  Type of Report (check one)  Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)	Weekly Amended Weekly
Address Check box if reporting new address	For Monthly Reports Month in which the report is filed.
1105 5 h Street S.W.	For Weekly Reports
City State ZIP Code Telephone Nu Att Alla Al. 35954 2564	Date of Friday in the week in which the report is filed.
	Total Number of Pages in Report
Summary of activity since last filed report	
1 Beginning balance (ending balance from previous filing)	1 128.37
Cash Contributions	
2a Itemized cash contributions (total from Form 2)	2a — O —
2b Non-itemized cash contributions	2b — O —
2c Total cash contributions (add lines 2a and 2b)	20 -0 -
In-Kind Contributions	
3a Itemized in-kind contributions (total from Form 3)	3a ~ ~ ~
3b Non-itemized in-kind contributions	3b — $ \circ $ —
3c Total in-kind contributions (add lines 3a and 3b)	3c _ O _
Receipts from Other Sources	
4a Itemized Receipts from Other Sources (total from Form 4)	4a — 6 —
4b Non-itemized Receipts from Other Sources	4b -0 -
4c Total receipts from other sources (add lines 4a and 4b)	4c — 6 —
Expenditures	
5a Itemized expenditures (total from Form 5)	5a - O -
5b Non-itemized expenditures	5b — O —
5c Total expenditures (add lines 5a and 5b)	5c - 0 -
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6 /283
Candidates for State Office: File this report with the Office of the S	Secretary of State.
Candidates for County or Municipal Office: File this report with the	
	orn to and subscribed before me this day of
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are	Lucall of the year My commission expires
true and correct and that this information is a full and complete the	Lucase of the year of the year <u>2019</u> .
statement of all contributions, expenditures, and other required information during the applicable period of time.	•
Les	Allrad Oleman
Signature of Candidate or Elected Official Date	nature of Notary Public
	Debka L. Caleman nt Notary's Name

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

## FORM 2: Contributions received by candidate or elected official



Terry & McCmin 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) CONTRIBUTION **RECEIVED** Other (mo./day/yr.) 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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evry D. Mc 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 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 Administrative Advertising CONTRIBUTOR Transportation CONTRIBUTION OF Business/ Corporation (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION (mo./day/yr.) PAC 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



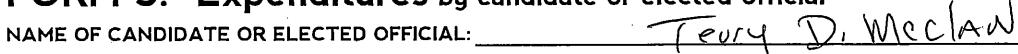
NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FSPA 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 (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)			FORI REC	M EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RI	E <b>CEI</b> (CH	PT S	OUR ONE)	- DATE	AMOUNT	
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX,	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	RECEIVED (mo./day/yr.)	OF RECEIPT
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RM REVISED 10.27.2011	TOTAL RECEIPTS THIS PAGE											•

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

## FORM 5: Expenditures by candidate or elected official





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)	Administrative	Advertising	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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