



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

FILED IN OFFICE

MONTHLY & WEEKLY

Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1

JUL 25 2016

JUL 15 2016

BOBBY M. JUNKINS
JUDGE OF PROBATE

TIM MITCHELL
JUDGE OF PROBATE

BY: _____

Please Print in Ink or Type.

Name of Candidate or Elected Official Jerry Battles		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Boaz City Council			
Address <input type="checkbox"/> Check box if reporting new address 964 Ellis Rd			
City BOAZ	State AL	ZIP Code 35957	Telephone Number 256-506-7000

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month in which the report is filed.

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

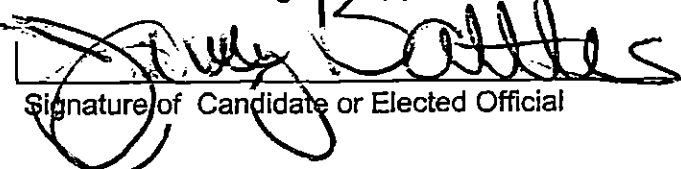
Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	
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				
3a	Itemized in-kind contributions (total from Form 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 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 subtract line 5c)		6	

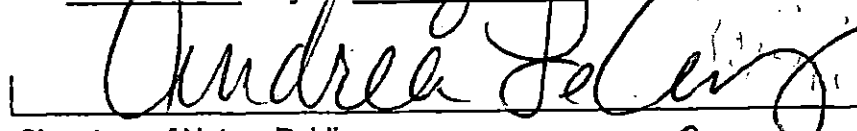
Candidates for State Office: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

 _____
 Signature of Candidate or Elected Official Date **7/15/16**

Sworn to and subscribed before me this 15th day of July of the year 2016. My commission expires the 3 day of Jan of the year 2017.

 _____
 Signature of Notary Public
 Andrea LeCroy
 Print Notary's Name