

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Campaign Finance Report

NOV 0 4 2016

THIS AREA FOR OFFICIAL USE ONLY

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SUMMARY FORM 1		. 4690	ing neropeal NGC CP Classiff
		5 % :	physical form in the Secretary State
Please Print in Ink or Type. Political Party/E	Rallot Affiliation	Type of Report (
Name of Caldidate of Efected Official	Sallot Allillation	Monthl	· L_
Office Sought or Held (include district or circuit number, if applicable)		Weekly	y Amended Weekly
Boar City Courcil Place		For Monthly Rep Month in which th	
Address		report is filed.	
89 Kilpatrick Dr.		For Weekly Rep Date of Friday in	1
City State ZiP Code Telephone Nur		week in which the report is filed.	е
Bouz AL 35957 25657	20077	Total Number of	f
		Pages in Report	t
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous filing)			1 60.84
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a N	/A	
2b Non-itemized cash contributions	2b	S Angel S Ange	
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	The same of the sa	
5c Total expenditures (add lines 5a and 5b)			5c N/A
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c			6 60.84
Candidates for State Office: File this report with the Office of the S	ecretary of Stat	e.	
Candidates for County or Municipal Office: File this report with the	e Judge of Prol	oate of the count	ty in which the office is sought
As required by the Alabama Fair Campaign Practices Act, I hereby Sw	orn to and subso	CINE OF CHE THE	13 TC day of
swear or affirm to the best of my knowledge and belief that the	'	ne year	y commission expires
attached report(s) and the information contained herein are true and correct and that this information is a full and complete the	20	fmanch	of the year <u>3019</u> .
statement of all contributions, expenditures, and other required		M	
information during the applicable period of time.	Kiea (Mys-

Print Notary's Name