Name of Candidate or Elected Official

# CANDIDATE / ELECTED OFFICIAL ANNUAL REPORT SUMMARY FORM 1A

FILED
JAN 3 0 2017

#### Please Print in Ink or Type.

BOBBY M. JUNKINS JUDGE OF PROBATE

Robert W. Echols, Jr. N											
	ce Sought or Held (include district or circuit number, if applicable)										
	ty Council - District 4										
	Iress Check box if reporting new address							Report (check			
Δ1.	1 Gwindale Road				×	Annual Rep	ort f	or Year _ <sup>20</sup>	16 		
City		Telephone Nur		<b>5000</b>		Terminatior					
Gad	dsden AL 35901	256-4-	42-	5829		Amended A	เททน	al Report for	Year	_	
SE	ECTION I - Summary of activity from last filed	d report	thr	ough De	cem	ber 31 of	rep	oorting ye	ar _		
1	Beginning balance (ending balance from previous	us filing)					1		\$455.	68	
	Cash Contributions					n fan d Se Sen Fen					
2a	Itemized cash contributions (total from Form 2)		2a			\$0.00					
2b	Non-itemized cash contributions		2b			\$0.00					
2c	Total cash contributions (add lines 2a and 2b)						2c		\$0.	00	
	In-Kind Contributions									Talay ta 1	
3a	Itemized in-kind contributions (total from Form 3	3)	3a			\$0.00					
3b	Non-itemized in-kind contributions		3b				n ur Ligação				
3с	Total in-kind contributions (add lines 3a and 3b)	)	3с		\$0.00						
Receipts from Other Sources										* .	
4	Total receipts from other sources (total from For	m 4)					4		\$0.	.00	
	Expenditures								ode do engliso Districto del del Orași de Cari		
5a	Itemized expenditures (total from Form 5)		5a			\$0.00				다 (학교 	
5b	Non-itemized expenditures		5b			\$0.00					
5c	Total expenditures (add lines 5a and 5b)						5c		\$0.	. 00	
6	Ending balance (add lines 1, 2c, & 4, then subtract	ct line 5c)					6		\$455.	.68	
SE	ECTION II - Summary of activity for entire rep	porting y	reai	<sup>-</sup> Janua	ary 1	st throug	h D	ecember	31st		
7	Beginning balance (as of January 1 of reporting	year)	: * : *:		er Tipo		7		\$455.	. 68	
8	Total cash contributions for year						8		\$0.	.00	
9	Total in-kind contributions for year		9			\$0.00					
10	Total receipts from other sources for year						10		\$0.	.00	
11	Total expenditures for year						11		\$0.	.00	
12	Ending balance (add lines 7, 8, & 10, then subtract	ct line 11)					12		\$455.	. 68	
13	<u> </u>	ember 31)	13				٠.				
Swo	orn to and subscribed before me this <u>33 &amp;</u> day			•	-			Campaign F			
5	Tan 2017		here	eby swear c	or affir	m to the bes	t of r	ny knowledg	e and belief	that	

Political Party/Ballot Affiliation

Sworn to and subscribed before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_ Jan\_\_\_ of the year \_\_\_\_\_\_\_ 3017 \_\_\_\_. My commission expires the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_ of the year \_\_\_\_\_\_\_ 3017 \_\_\_\_.

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 Notary Public

Signature of Candidate or Elected Official

Date

Print Notary's Name

FORM REVISED 10.29.99

## FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

Name of Candidate / Elected Official: Robert W. Echols, Jr. Page 1 of												
The FCPA requires that those contributions gr	reater than \$100 be itemized. DO NOT LIST in-kind contributions or	loans	on	this	form	ı. Us	e Forms 3 and 4 f	or those listings.				
		OF	CO		CE BUTI ONE)		DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION				
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  . STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned						
·												
FORM REVISED 10.29.99  TOTAL CASH CONTRIBUTIONS THIS PAGE												

## FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

Name of Candidate / Elected C	OFFICIAL: Robert W. Echols, Jr.			· <del>-</del>										PAGE	OF
The FCPA requires that those	contributions greater than \$100 be itemize	d. <b>D</b>	c O N	OT	LIST	Гса	sh o	r loa	ans	on th	nis f	orm	. Us	se Forms 2 and 4	for those listings.
	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)						
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
					_										
		<del>                                     </del>			-										
		+-	-	-	-										
			+		-	-						<del>                                     </del>			
<u> </u>					+	+			-	-	<del>  -</del>		-		
FORM REVISED 10.29.99		T	 ОТ.	AL I	IN-I	<u> </u>	D C	ON	ITR	IBU	TIC	NS	S TH	HIS PAGE	\$0.00

## FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

Name of Candidate / Elected Official: Robert W. Echols, Jr. PAGE 1 Of 1

The FCPA requires that those contributions greater than \$100 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 RECEIPT SOURCE **FORM** IS A LOAN (CHECK ONE) OF RECEIPT **AMOUNT** DATE **ADDRESS** SOURCE OF RECEIPT OF **RECEIVED GUARANTORS** (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Individual Business RECEIPT (mo./day/yr.) STREET OR P.O. BOX, [FCPA REQUIRES FULL NAME AND Interest Other CITY, STATE, AND ZIP) Loan COMPLETE ADDRESS OF INDIVIDUAL(S) **ENDORSING OR GUARANTEEING LOAN]** \$0.00 TOTAL RECEIPTS THIS PAGE FORM REVISED 10.29.99

## **FORM 5: EXPENDITURES**

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

Name of Candidate / Elected C	OFFICIAL: Robert W. Echols, Jr.			-								PAGE _	1 OF1
	The FCPA requires that ex	xpen	ditu	res c	ver	\$10	0 be	iten	nize	d.			
		PURPOSE OF EXPENDITURE (CHECK ONE)								RE			
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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
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FORM REVISED 10.29.99		1	1	1	TC	) ATC	L E	EXP	EN	DIT	URES THIS I	PAGE	\$0.00