



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

ANNUAL

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

FILED

JAN 18 2017

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

| | | | |
|---|--------------------|------------------------------------|---|
| Name of Candidate or Elected Official <i>Joseph Wayne Farley</i> | | Political Party/Ballot Affiliation | |
| Office Sought or Held (include district or circuit number, if applicable) <i>City Councilman Glencoe</i> | | | |
| Address <input type="checkbox"/> Check box if reporting new address <i>408 Adams Ave.</i> | | | |
| City <i>Glencoe</i> | State <i>AL</i> | ZIP Code <i>35905</i> | Telephone Number <i>206-492-1832</i> |

Calendar Year covered by this report. 2016

Amended Annual Report
 Termination Report

Total Pages in Report Include this page in your count.

SECTION I - Summary of activity from last filed report through December 31 of reporting year

| | | | | |
|------------------------------------|--|----|----|---|
| 1 | Beginning balance (ending balance from previous filing) | | 1 | 0 |
| 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 | 0 |
| 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 | Total itemized receipts from other sources (total from Form 4) | 4a | | |
| 4b | Total non-itemized receipts from other sources | 4b | | |
| 4c | Total receipts from other sources (add lines 4a and 4b) | | 4c | 0 |
| Expenditures | | | | |
| 5a | Itemized expenditures (total from Form 5) | 5a | | |
| 5b | Non-itemized expenditures | 5b | | |
| 5c | Total expenditures (add lines 5a and 5b) | | 5c | 0 |
| 6 | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | | 6 | 0 |

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

| | | | | |
|----|--|----|----|---|
| 7 | Beginning balance (as of January 1 of reporting year) | | 7 | 0 |
| 8 | Total cash contributions for year | | 8 | 0 |
| 9 | Total in-kind contributions for year | 9 | | |
| 10 | Total receipts from other sources for year | | 10 | 0 |
| 11 | Total expenditures for year | | 11 | 0 |
| 12 | Ending balance (add lines 7, 8, & 10, then subtract line 11) | | 12 | 0 |
| 13 | Total campaign debt (total debt owed as of December 31) | 13 | | |

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.

Sworn to and subscribed before me this 18 day of Jan of the year 2017. My commission expires the 22 day of March of the year 2018.

Joseph Wayne Farley
Signature of Candidate or Elected Official 1/18/18
Date

Sheri B. McGinnis
Signature of Notary Public
Sheri B. McGinnis
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

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.

| CONTRIBUTOR (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE OF CONTRIBUTION (CHECK ONE) | | | | | DATE CONTRIBUTION RECEIVED (mo./day/yr.) | AMOUNT OF CONTRIBUTION |
|---|---|--|------------|-----|-------|----------|---|------------------------------|
| | | Business or Corporation | Individual | PAC | Other | Returned | | |
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| TOTAL CASH CONTRIBUTIONS THIS PAGE | | | | | | | | |



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 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.

| SOURCE OF RECEIPT (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT | | | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | RECEIPT SOURCE (CHECK ONE) | | | | | DATE RECEIVED (mo./day/yr.) | AMOUNT OF RECEIPT | |
|--|--|-----------------|------|-------|--|----------------------------|-----|------------|----------|-------|--------------------------------|-------------------|--|
| | | Interest | Loan | Other | | Lending Institution | PAC | Individual | Business | Other | | | |
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