



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

ANNUAL

**Candidate & Elected Official  
Campaign Finance Report  
SUMMARY FORM 1A**

**FILED**

JAN 17 2017

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Timothy Wayne Langdale</i>		Political Party/Ballot Affiliation <i>Rep.</i>	
Office Sought or Held (include district or circuit number, if applicable) <i>Etowah County School Board Member</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>5951 Morris Ave.</i>			
City <i>Hokes Bluff</i>	State <i>Al.</i>	ZIP Code <i>35903</i>	Telephone Number <i>256 490-0316</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	<i>0</i>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<i>0</i>	
2b	Non-itemized cash contributions	2b	<i>0</i>	
2c	Total cash contributions (add lines 2a and 2b)		2c	<i>0</i>
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>0</i>	
3b	Non-itemized in-kind contributions	3b	<i>0</i>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>0</i>	
<b>Receipts from Other Sources</b>				
4a	Total itemized receipts from other sources (total from Form 4)	4a	<i>0</i>	
4b	Total non-itemized receipts from other sources	4b	<i>0</i>	
4c	Total receipts from other sources (add lines 4a and 4b)		4c	<i>0</i>
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<i>0</i>	
5b	Non-itemized expenditures	5b	<i>0</i>	
5c	Total expenditures (add lines 5a and 5b)		5c	<i>0</i>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6	<i>0</i>

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

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 17<sup>th</sup> day of January the year 2017. My commission expires the 1st day of June of the year 2019.

Debra L. Coleman  
Signature of Notary Public

Tim Langdale | 1-17-17  
Signature of Candidate or Elected Official | Date

Debra L. Coleman  
Print Notary's Name





# FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: *Tim Langdale*

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																	0	





# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Tim Langdale

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
<b>TOTAL EXPENDITURES THIS PAGE</b>													0