

MONTHLY & WEEKLY



**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

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

20160810000450610 1/5 \$ .00  
Madison Cnty Judge of Probate, AL  
08/10/2016 11:39:52 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Michelle L. Watkins		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Huntsville City Schools, Board Representative, District 1			
Address <input type="checkbox"/> Check box if reporting new address P.O. Box 17184			
City Huntsville	State AL	ZIP Code 35810	Telephone Number 256-203-6528

**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**

8/05/2016
5

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)	1	\$4,954.85
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	
2b	Non-itemized cash contributions	2b	\$0.49
2c	Total cash contributions (add lines 2a and 2b)	2c	\$0.49
<b>In-Kind Contributions</b>			
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	
<b>Receipts from Other Sources</b>			
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	
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	\$350.00
5b	Non-itemized expenditures	5b	\$0.49
5c	Total expenditures (add lines 5a and 5b)	5c	\$350.49
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$4,604.85

**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.

Sworn to and subscribed before me this 10<sup>th</sup> day of August of the year 2016. My commission expires the 25<sup>th</sup> day of August of the year 2018.

Michelle L. Watkins | 8/10/16  
Signature of Candidate or Elected Official | Date

[Signature]  
Signature of Notary Public

MARY JOHNSON  
Print Notary's Name

FRANK BARGER /





# FORM 3: In-Kind 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** 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						
FORM REVISED 10.27.2011		<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																



# 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			
<b>TOTAL RECEIPTS THIS PAGE</b>													



# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Watkins, Michelle L.

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Isabelle Brothers Productions	6695 Hollow Road NW, Huntsville, AL 35810		X									8/4/2016	\$350.00
Square Inc.	1455 Market Street, Suite 600 San Francisco, CA 94103	X										8/4/2016	\$0.49
<b>TOTAL EXPENDITURES THIS PAGE</b>													<b>\$350.49</b>

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