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**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**
**Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1**

 20120919000356190 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 09/19/2012 09:26:13 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Trey D Lott		Political Party/Ballot Affiliation	
Office Sought or Held (Include district or circuit number, if applicable) Hoover City Council Place 1			
Address ☐ Check box if reporting new address 1011 Greymoor Rd			
City Hoover	State AL	ZIP Code 35247	Telephone Number [REDACTED]

Type of Report (check one)

☐ Monthly
☒ Weekly

☐ Amended Monthly
☐ 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

9-14-12

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	3338.75
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0	
2b	Non-itemized cash contributions	2b	0	
2c	Total cash contributions (add lines 2a and 2b)	2c	0	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0	
3b	Non-itemized in-kind contributions	3b	0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0	
4b	Non-itemized Receipts from Other Sources	4b	0	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	0	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	0	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	3338.75	

Candidates for State Office: File this report with the Office of the Secretary of State.

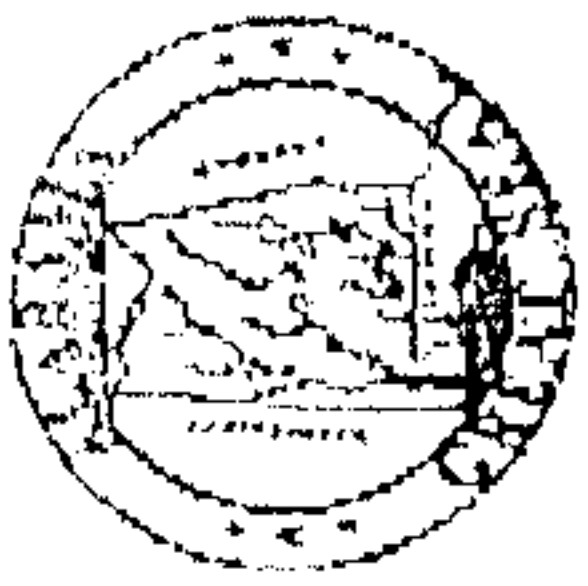
Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

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.

 Signature of Candidate or Elected Official: **Trey D Lott**
 Date: **9-12-12**

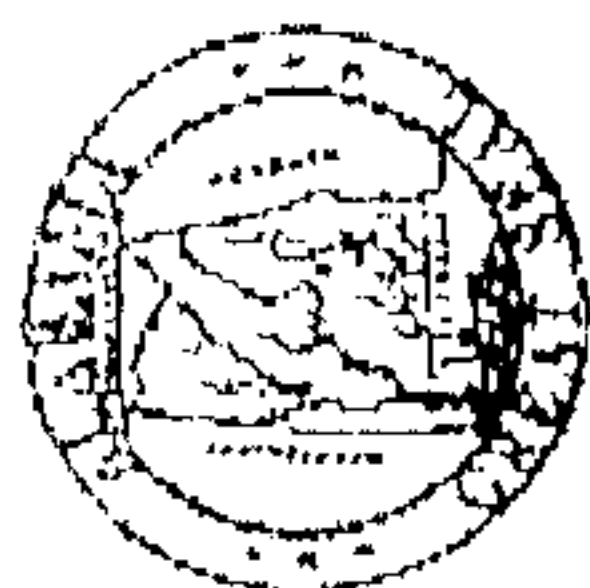
 Sworn to and subscribed before me this **12th** day of **September** of the year **2012**. My commission expires the **2nd** day of **February** of the year **2015**.

 Signature of Notary Public: **Suzanne Russell**
 Print Notary's Name: **Suzanne Russell**



FORM REVISED 10/27/2011

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CANDIDATE FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

[illegible]

TOTAL EXPENDITURES THIS PAGE

FORM REVISED 10.27.2011



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