



DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160815000289820 1/3 \$.00
Shelby Cnty Judge of Probate, AL
08/15/2016 11:13:00 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official GREGORY FARRELL		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) Alabaster City Council WARD 4			
Address <input type="checkbox"/> Check box if reporting new address 161 STERLING Gate DR			
City Alabaster	State Al	ZIP Code 35007	Telephone Number [REDACTED]

Date Covered by Report	8-8-16 8-14-16
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☐ Amended Daily Report

Total Number of Pages in Report	3
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Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	319.51
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	—	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	32.68	
3b	Non-itemized in-kind contributions	3b	—	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	32.68	
Receipts from Other Sources				
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	—	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	13.06	
5b	Non-itemized expenditures	5b	—	
5c	Total expenditures (add lines 5a and 5b)	5c	13.06	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	306.45	

Candidates for State Office and State Elected Officials: File this report with the Office of the Secretary of State

Candidates for County or Municipal Office and County and Municipal Elected Officials: 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: **G. Farrell** Date: **8/15/16**

Sworn to and subscribed before me this **15th** day of **Aug** of the year **2016**. My commission expires the **28th** day of **March** of the year **2020**.

Signature of Notary Public: **Deborah Lynn Horton**

Print Notary's Name: **Deborah Lynn Horton**

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

GILBERT FAIRBELL



DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings

FORM REVISED 9.2.2011

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

32.68

NAME OF CANDIDATE OR ELECTED OFFICIAL: Gregory Farrell

**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**

STAPLES

3552 Delham PKwy A1
KeyStone Plz Delham, 35124

✕

Team
Boards

8/9/16

13.06

20160815000289820 3/3 \$.00
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TOTAL EXPENDITURES THIS PAGE

FORM REVISED 9.2.2011

13.06