

MONTHLY &amp; WEEKLY

FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160815000291050 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
08/15/2016 01:57:59 PM FILED/CERT

Please Print in Ink or Type.

|  |                    |                                    |                  |
|--|--------------------|------------------------------------|------------------|
| Name of Candidate or Elected Official<br><b>HOLLIE C. COST</b>   |                    | Political Party/Ballot Affiliation |                  |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>MAYOR - MONTEVALLO</b> |                    |                                    |                  |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>510 PINEVIEW RD</b>          |                    |                                    |                  |
| City<br><b>MONTEVALLO</b>  | State<br><b>AL</b> | ZIP Code<br><b>35115</b>           | Telephone Number |

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

8-19-16

5

## Summary of activity since last filed report

|                                    |   |    |        |
|------------------------------------|---|----|--------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  | 32.77  |
| <b>Cash Contributions</b>          |   |    |        |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | 100.00 |
| 2b                                 | Non-itemized cash contributions                               | 2b | 0      |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | 100.00 |
| <b>In-Kind Contributions</b>       |   |    |        |
| 3a                                 | Itemized in-kind contributions (total from Form 3)            | 3a |        |
| 3b                                 | Non-itemized in-kind contributions                            | 3b | 32.00  |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | 32.00  |
| <b>Receipts from Other Sources</b> |   |    |        |
| 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      |
| <b>Expenditures</b>                |   |    |        |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | 100.00 |
| 5b                                 | Non-itemized expenditures                                     | 5b | 0      |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | 100.00 |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | 32.77  |

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.

Hollie C. Cost  
Signature of Candidate or Elected Official

8-15-16  
Date

Sworn to and subscribed before me this 15<sup>th</sup> day of August of the year 2016. My commission expires the 26<sup>th</sup> day of August of the year 2017.

Sandra B Byrd  
Signature of Notary Public

Sandra B Byrd  
Print Notary's Name

NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLCIS C COST

**DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.**

|   |   |   |                           |                    |                      | DO NOT LIST IN-KIND CONTRIBUTIONS OF GOODS OR SERVICES HERE. |  |                              |  |  |
|---|---|---|---------------------------|--------------------|----------------------|--|--|------------------------------|--|--|
| CONTRIBUTOR<br><small>(INCLUDE FULL NAME)</small> | ADDRESS<br><small>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)</small> | SOURCE<br>OF CONTRIBUTION<br><small>(CHECK ONE)</small> |                           |                    |                      |  | DATE<br>CONTRIBUTION<br>RECEIVED<br><small>(mo./day/yr.)</small> | AMOUNT<br>OF<br>CONTRIBUTION |  |  |
|   |   | <small>Business or Corporation</small>                  | <small>Individual</small> | <small>PAC</small> | <small>Other</small> | <small>Returned</small>                                      |  |                              |  |  |
| Terry Arnold                                      | 333 Windmill Drive<br>Montrealle Ar 35115   |   | ✓                         |                    |                      |  | 8-9-16   | 100.00                       |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
|   |   |   |                           |                    |                      |  |  |                              |  |  |
| TOTAL CASH CONTRIBUTIONS THIS PAGE                |   |   |                           |                    |                      |  | 100 -  |                              |  |  |

FORM REVISED 10.27.2011

## NAME OF CANDIDATE OR ELECTED OFFICIAL:

HOLLIE C. COST

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.

[illegible]

20160815000291050 3/5 \$.00  
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NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLLIFIELD

**DO NOT** list cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

**DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

0015000291050 4/5 \$ .00

201608150000291655-47-0  
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TOTAL RECEIPTS THIS PAGE

FORM REVISED 10.27.2011

NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLLIE C. COSS

FORM REVISED 10.27.2011

[illegible]

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