

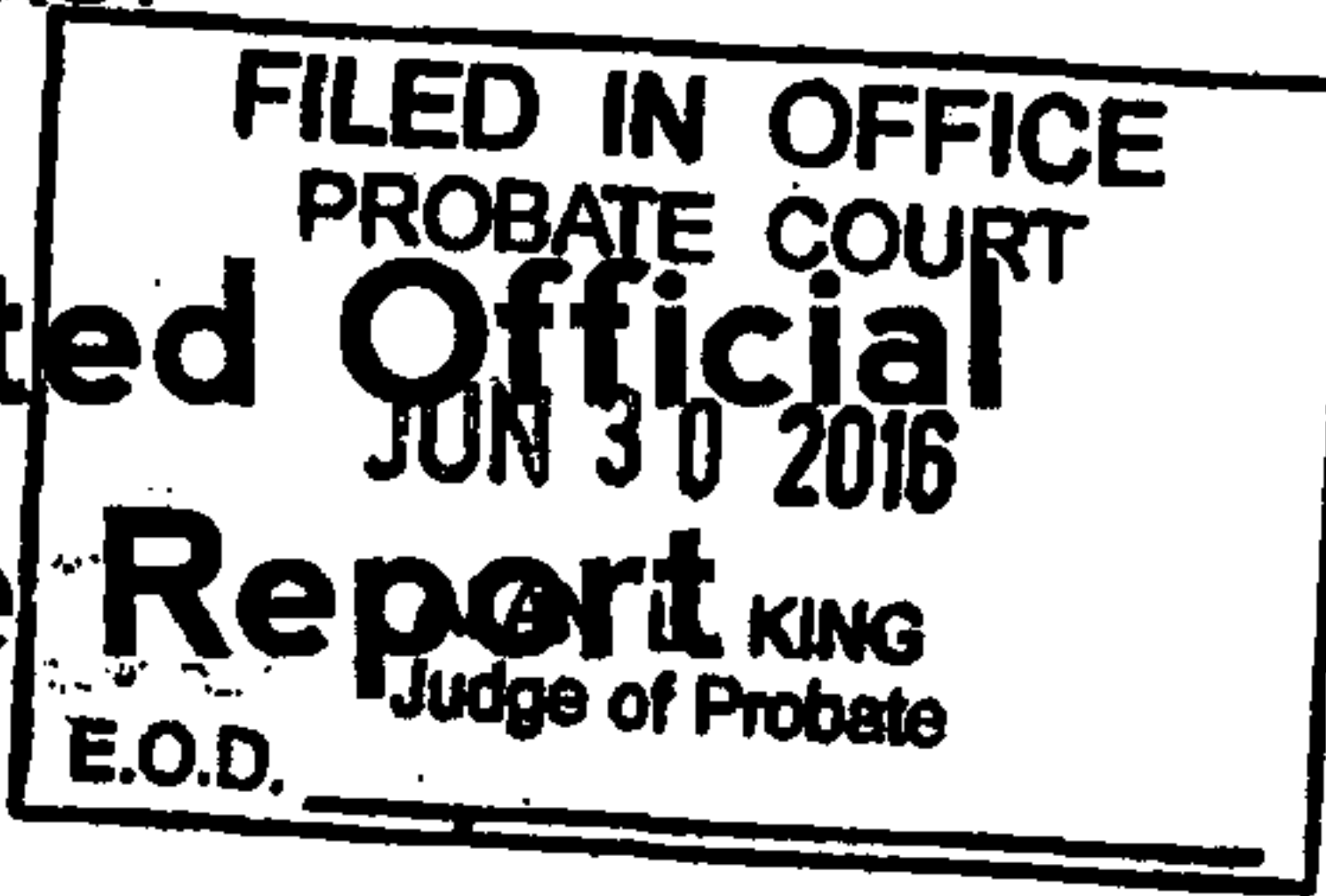
Print Form

MONTHLY & WEEKLY

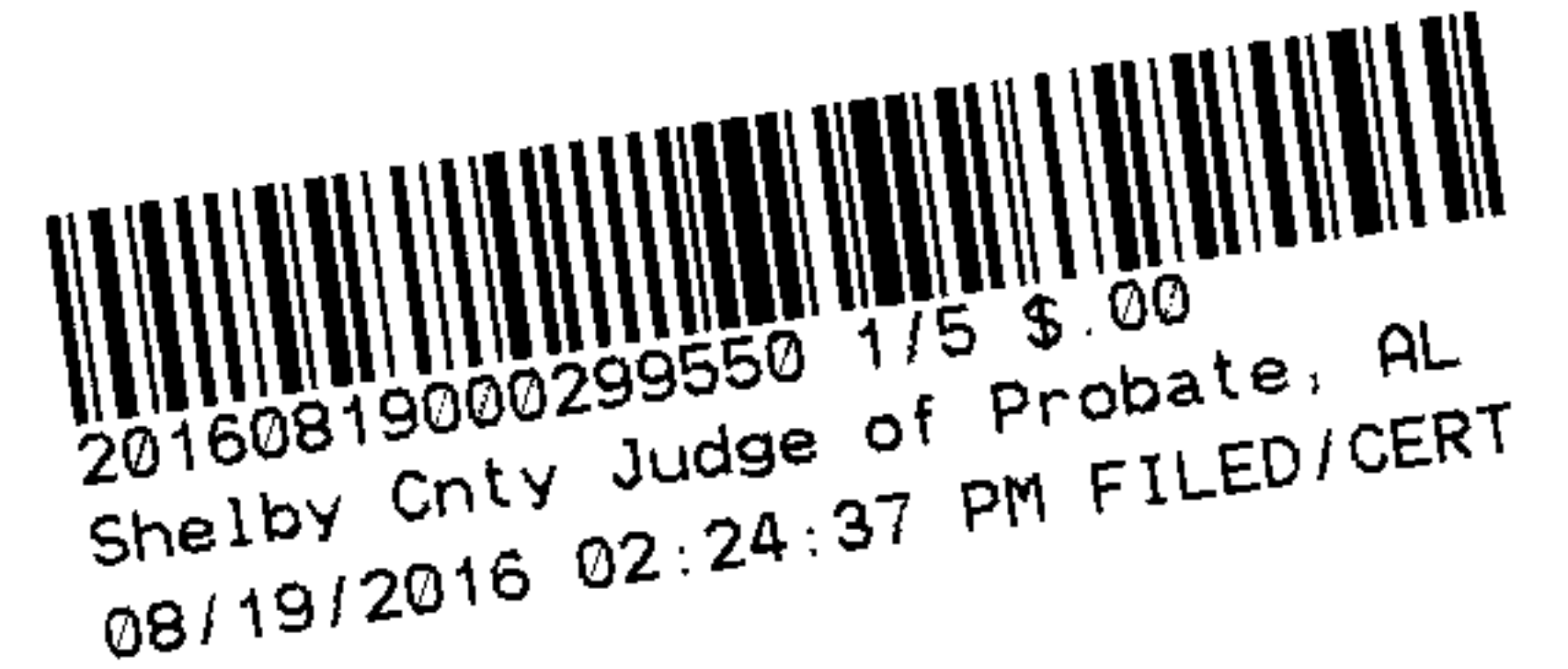


FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



THIS AREA FOR OFFICIAL USE ONLY



Please Print in Ink or Type.

|   |                    |                                    |                  |
|---|--------------------|------------------------------------|------------------|
| Name of Candidate or Elected Official<br><b>Robert S. Elliott</b>   |                    | Political Party/Ballot Affiliation |                  |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>Vestavia Hills City Council Seat #4</b> |                    |                                    |                  |
| Address <input checked="" type="checkbox"/> Check box if reporting new address<br><b>P.O. Box 43273</b>                 |                    |                                    |                  |
| City<br><b>Vestavia Hills, AL</b>   | State<br><b>AL</b> | ZIP Code<br><b>35243</b>           | Telephone Number |

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly  
☐ Weekly ☐ Amended Weekly

For Monthly Reports  
Month in which the report is filed.

**June 2016**

For Weekly Reports  
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

**5**

## Summary of activity since last filed report

|                                    |  |    |          |   |
|------------------------------------|--|----|----------|---|
| 1                                  | Beginning balance (ending balance from previous filing)      |    | 1        | 0 |
| <b>Cash Contributions</b>          |  |    |          |   |
| 2a                                 | Itemized cash contributions (total from Form 2)              | 2a | 1,300.00 |   |
| 2b                                 | Non-itemized cash contributions                              | 2b | 0.00     |   |
| 2c                                 | Total cash contributions (add lines 2a and 2b)               | 2c | 1,300.00 |   |
| <b>In-Kind Contributions</b>       |  |    |          |   |
| 3a                                 | Itemized in-kind contributions (total from Form 3)           | 3a | 0.00     |   |
| 3b                                 | Non-itemized in-kind contributions                           | 3b | 0.00     |   |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)            | 3c | 0.00     |   |
| <b>Receipts from Other Sources</b> |  |    |          |   |
| 4a                                 | Itemized Receipts from Other Sources (total from Form 4)     | 4a | 0.00     |   |
| 4b                                 | Non-itemized Receipts from Other Sources                     | 4b | 0.00     |   |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)      | 4c | 0.00     |   |
| <b>Expenditures</b>                |  |    |          |   |
| 5a                                 | Itemized expenditures (total from Form 5)                    | 5a | 409.16   |   |
| 5b                                 | Non-itemized expenditures                                    | 5b | 122.74   |   |
| 5c                                 | Total expenditures (add lines 5a and 5b)                     | 5c | 532.26   |   |
| 6                                  | Ending balance (add lines 1, 2c, & 4c then subtract line 5c) | 6  | 767.74   |   |

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

**6/30/2016**  
Date

Sworn to and subscribed before me this **30th** day of **June** of the year **2016**. My commission expires the **30** day of **June** of the year **2016**.

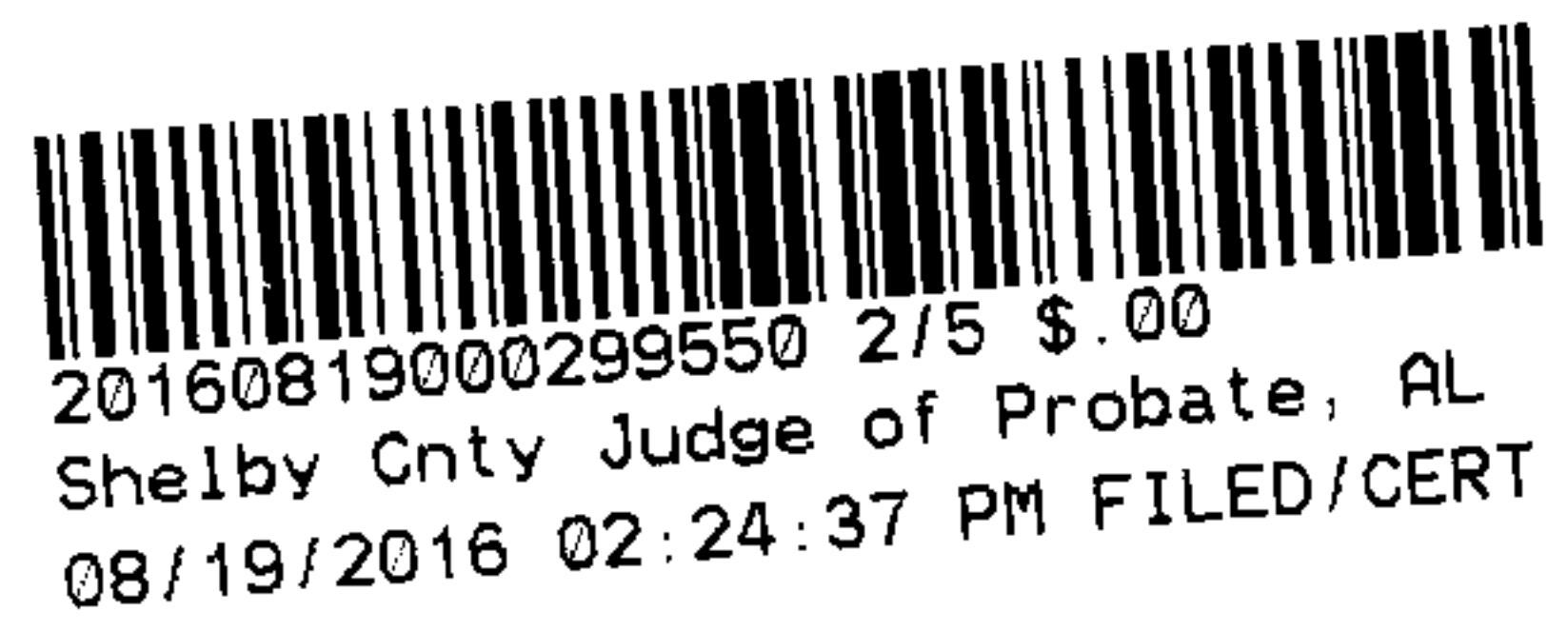
Signature of Notary Public

**Daniel Lawler**  
Print Notary's Name

**NAME OF CANDIDATE OR ELECTED OFFICIAL:** Robert S. Elliott

| <b>CONTRIBUTOR</b><br><b>(INCLUDE FULL NAME)</b> | <b>ADDRESS</b><br><b>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)</b> | <b>SOURCE OF CONTRIBUTION<br/>(CHECK ONE)</b> |                   |            |              |                 |  | <b>DATE CONTRIBUTION RECEIVED</b><br><b>(mo./day/yr.)</b> | <b>AMOUNT OF CONTRIBUTION</b> |
|--|--|---|-------------------|------------|--------------|-----------------|--|---|-------------------------------|
|  |  | <b>Business or Corporation</b>                | <b>Individual</b> | <b>PAC</b> | <b>Other</b> | <b>Returned</b> |  |   |                               |
| 3E, LLC  | P.O. Box 43273<br>Vestavia Hills, AL 35243   | X   |                   |            |              |                 |  | 06/15/2016  | \$100.00                      |
| The Elliott Firm, LLC                            | 15 Richard Arrington, Jr. Blvd. N., Ste 320<br>Birmingham, AL 35203                        | X   |                   |            |              |                 |  | 06/03/2016  | \$200.00                      |
| The Elliott Firm, LLC                            | 15 Richard Arrington, Jr. Blvd. N., Ste. 320<br>Birmingham, AL 35203                       | X   |                   |            |              |                 |  | 06/22/2016  | \$400.00                      |
| Patricia Taylor                                  | 5226 Cahaha Valley Cove<br>Birmingham, AL 35242  |   | X                 |            |              |                 |  | 6/25/2016   | \$500.00                      |
| Dr. Frank Adams                                  | P.O. Box 9582<br>Mississippi State, MS 39762   |   | X                 |            |              |                 |  | 6/25/2016   | \$100.00                      |
|  |  |   |                   |            |              |                 |  |   |                               |
|  |  |   |                   |            |              |                 |  |   |                               |
|  |  |   |                   |            |              |                 |  |   |                               |
|  |  |   |                   |            |              |                 |  |   |                               |
|  |  |   |                   |            |              |                 |  |   |                               |
| <b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>        |  |   |                   |            |              |                 |  |   | <b>\$1,300.00</b>             |

**FORM REVISED 10.27.2011**





ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert S. Elliott

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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       |                          |            | SOURCE<br>(CHECK ONE) |       |  |  |      | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----------------------|-------|--|--|------|---|------------------------------|
|                                    |   | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC                   | Other |  |  |      |   |                              |
|                                    |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |      |   |                              |
|                                    |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |      |   |                              |
|                                    |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |      |   |                              |
|                                    |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |      |   |                              |
|                                    |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |      |   |                              |
|                                    |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |      |   |                              |
|                                    |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |      |   |                              |
|                                    |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |      |   |                              |
|                                    |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |      |   |                              |
|                                    |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |      |   |                              |
| FORM REVISED 10.27.2011            |   | TOTAL IN-KIND CONTRIBUTIONS THIS PAGE |             |                         |           |      |      |                |       |                          |            |                       |       |  |  | 0.00 |   |                              |

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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

**FORM 4: Receipts from Other Sources** loans, interest, and other sources of income



NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert S. Elliott

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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN<br><br>GUARANTORS<br>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | RECEIPT SOURCE (CHECK ONE) |     |            |          |       | DATE RECEIVED<br>(mo./day/yr.) | AMOUNT OF RECEIPT |
|--|--|-----------------|------|-------|--|----------------------------|-----|------------|----------|-------|--------------------------------|-------------------|
|  |  | Interest        | Loan | Other |  | Lending Institution        | PAC | Individual | Business | Other |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |
| FORM REVISED 10.27.2011                  |  |                 |      |       |  |                            |     |            |          |       | TOTAL RECEIPTS THIS PAGE       | 0.00              |

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