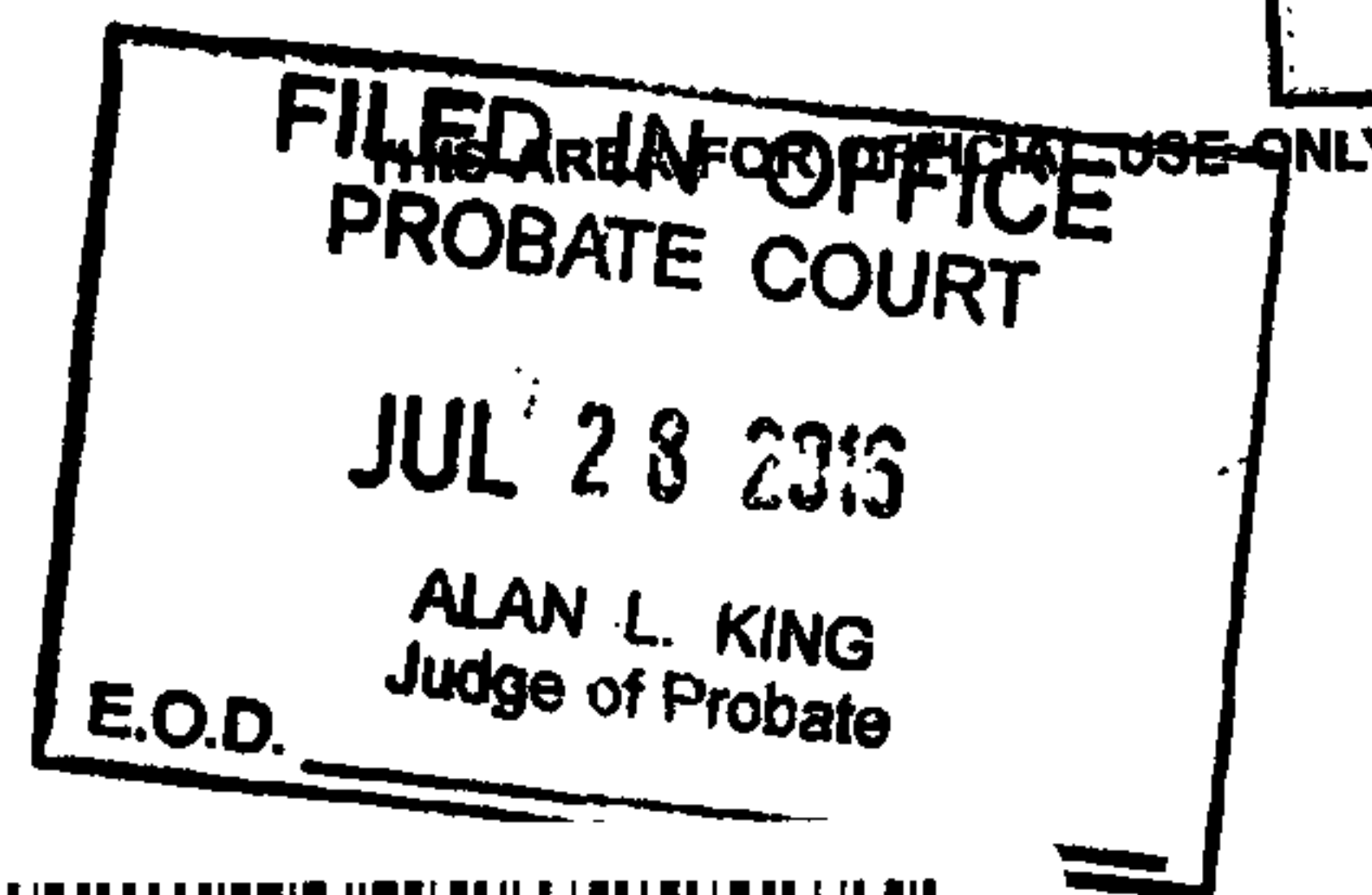


MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Print Form



20160819000299960 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/19/2016 03:28:03 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Bob Elliott		Political Party/Ballot Affiliation	
Office Sought or Held (Include district or circuit number, if applicable) City Council Place 4 - Vestavia Hills			
Address <input type="checkbox"/> Check box if reporting new address P.O. Box 43273			
City Vestavia Hills, AL	State AL	ZIP Code 35243	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month in which the report is filed.

July 2016

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

Total Number of Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	767.74
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$1,000.00
2b	Non-itemized cash contributions	2b	\$149.00
2c	Total cash contributions (add lines 2a and 2b)	2c	\$1,149.00
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	1,252.28
5b	Non-itemized expenditures	5b	423.56
5c	Total expenditures (add lines 5a and 5b)	5c	1,675.84
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	240.90

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.

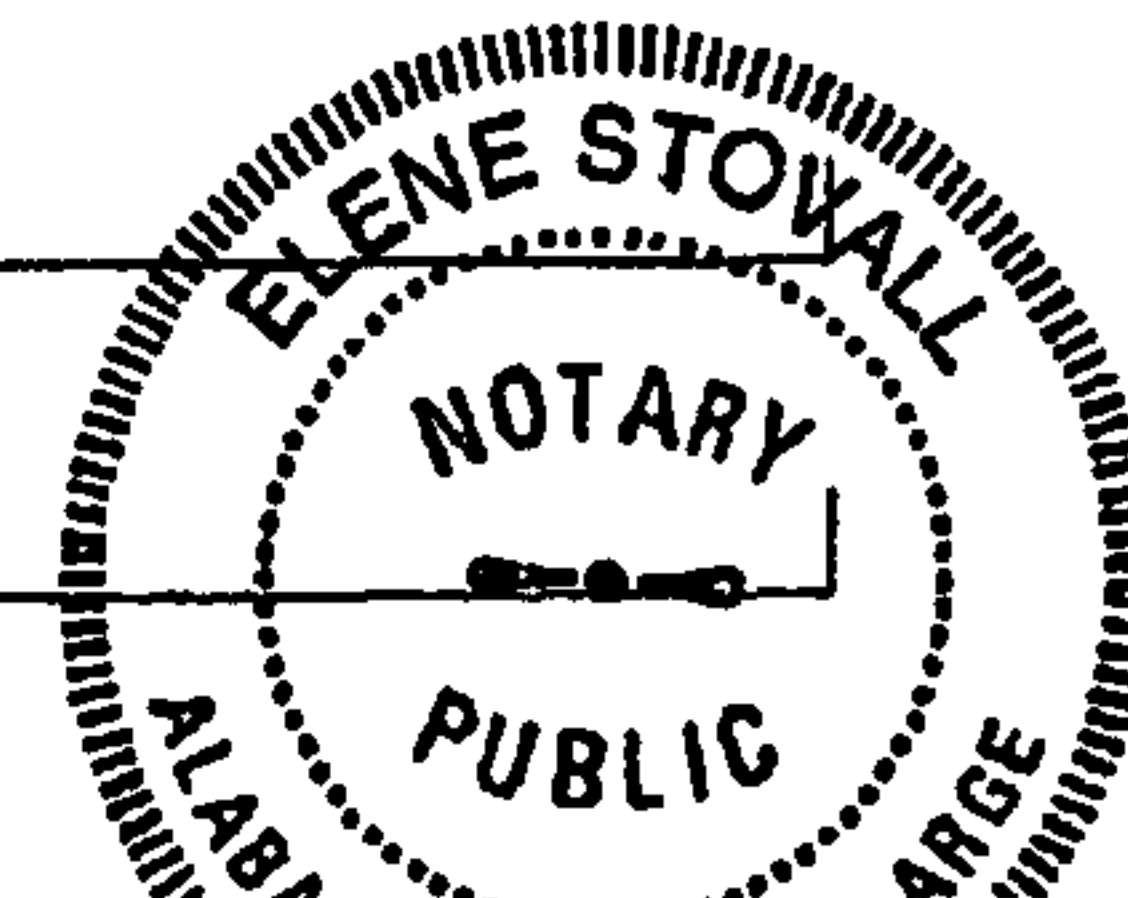
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached reports and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Candidate or Elected Official
7/28/2016
Date

Sworn to and subscribed before me this 28th day of July of the year 2016. My commission expires the MY COMMISSION EXPIRES SEPTEMBER 18, 2018.

Signature of Notary Public

Elene Stovall
Print Notary's Name



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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.

FORM REVISED 10.27.2011



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