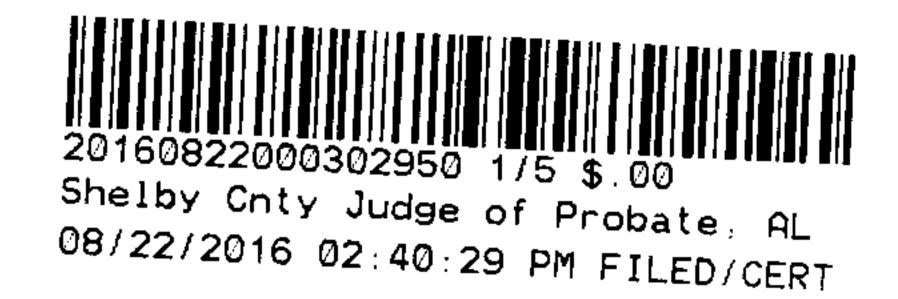


Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in ink or Type.			
i	Political Party/Ballot Affiliation	Type of Report (check	one) Amended Monthly
Beth millan		Monthly Weekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)			- Alliended Weekly
Pethan City Council Address Check box if reporting new address		For Monthly Reports Month in which the	
		report is filed.	
104 Granville Lane		For Weekly Reports Date of Friday in the	
Pelham Fal 35124	Telephone Number	week in which the	8-19-2016
		report is filed. Total Number of	
		Pages in Report	
Summary of activity since last filed report			
1 Beginning balance (ending balance from previou	s filing)	1	-6-
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a \ 2.0	v, 0	
2b Non-itemized cash contributions	2b		
2c Total cash contributions (add lines 2a and 2b)		2c	1200,00
In-Kind Contributions			· - · · · · · · · · · · · · · · · · · ·
3a Itemized in-kind contributions (total from Form 3)	3a τ	-	
3b Non-itemized in-kind contributions	3b		
3c Total in-kind contributions (add lines 3a and 3b)	3c	-	
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 a	nd 4b)	4c	7
Expenditures			
5a Itemized expenditures (total from Form 5)	5a 112	9.70	
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)		5c	1129.70
6 Ending balance (add lines 1, 2c, & 4c, then subtract	ct line 5c)	6	# 70.30
Candidates for State Office: File this report with the Office	e of the Secretary of Stat	e.	
Candidates for County or Municipal Office: File this repo			ch the office is sought.
As required by the Alabama Fair Campaign Practices Act, I herek	Sworn to and subse	cribed before me this	19. day of
swear or affirm to the best of my knowledge and belief that th	ne August 55	2011	My commission expires
attached report(s) and the information contained herein at true and correct and that this information is a full and complete		of Alta of the	-
statement of all contributions, expenditures, and other require	te the <u>/ //</u> day	or <u>Maxim</u> of the	year <u>2019</u> .
information during the applicable period of time.		A harris	_
Beth McMillan 18-19-21	Signature of Notacy Pu	iblic	
Signature of Candidate or Elected Official Date		, , / / /	
FORM REVISED 10.27.2011	Print Notary's Name	of no what here	

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

Contributions received by candidate 9 elected official

Definition.

NAME OF CANDIDATE OR ELECTED OFFICIAL: Beth mcmillen Mhonillan

When total contributions from a single source exceed \$100.00, the FCPA re

DO NOT LIST in-kind contributions or loans on this form. exceed \$100.00, the FCPA requires all contributions from that soul butions or loans on this form. Use Forms 3 and 4 for those listings. from that source to be itemized.

1200,00	HIS PAGE	ST	NOITUE	TOTAL CASH CONTRIBU		FORM REVISED 10.27.2011
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0302950 y Judge 5 02:40:2						
- n						
12. PL						
			<u>, </u>			
300,00	6-17-2016		~	Granville lane	707	Beth manilar
900,00	7-8-2016		×	ramille Lane	5 Hai	Reth manillan
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other Returned	Individual PAC	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) so ratio as the control of the		(INCLUDE FULL NAME)
_		CE BUTION ONE)	SOUR CONTRI	OF CC		5

ALABAMA FAIR CAMPAIGN PRAC TICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/EL TED OFFICIAL

FORM 3: n-Kind ontri D utions received рd Ca ndidate 9 P lected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: 12010 MCMILL

When total contributions

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itemized.

FORM REVISED 10.27,2011 CONTRIBUTOR (INCLUDE FULL NAME) ADDRESS (ADDRESS SHOULD INCLUDE FOR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or loans on this form. Administrative TOTAL NATURE Advertising Use Consultants/ Polling Forms (CHECK ONE) 1-KIND Equipment Food N and Rent 0 4 ONTRIBUTIONS 호 Transportation those Other **Business/** listings. Corporation (CHECK ONE) Individual PAC Other SIH ONTRIBUTIO RECEIVED PA GE /day/yr.) CONTRIBUTION

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

4. Receipts from ther Sources loans, interest, and other sources of =

CANDIDATE OR ELECTED OFFICIAL: **か** Ragila

NAME OF 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.

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00302950 ty Judge										-		
4/5 \$.00 of Prob												
ate, AL												
RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		m) NE)	ECK O	(CHE P	고 R	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	TOT	PECE	OF T		
				ľ	III YS.	SE IISU	IS OIL WAS TOTAL OSE FORMS 2 and 3 for whose	טווטו	or in it	ria ca	DO INO : Casil Of Ill-Nil	

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

FORM 5: Expenditures by candidate or elected of NAME OF CANDIDATE OR ELECTED OFFICIAL: Deth MOMOIDIAM Ramillas



to a single recipient exceed \$100.00, the FCP \triangleright all expenditures to that recipient be itemized.

1129.70	AGE	TURES THIS P	END	EXP	JAIC	\	3			FORM REVISED 10.27.2011
2016092										
20003020										
50 5/5 \$										
00										
218.00	8-18-2014						~		Pelham, Ar 35124	Steel City Signs
									2054 Pethan Phus	,
366.70	7-22-2016						~		4176 6th Street, Wyondotte,	Sign outfitters
495.00	8-4-2016						X	186	PO Box 1205, Pelhana	City News Publ.
50.00	7-8-2016						\ \ \		3162 Pelham Pkwy Pelham, Ac 35124	City of Pelham
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Food Fundraising	Polling Charitable Contribution	Advertising Consultants/	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		及 E	XPENDITURE ONE)	HCX FE	URPOSE	PC				