

MONTHLY &amp; WEEKLY


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160822000302950 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
08/22/2016 02:40:29 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Beth McMillan</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>Pelham City Council</b>			
Address <input checked="" type="checkbox"/> Check box if reporting new address <b>104 Granville Lane</b>			
City <b>Pelham</b>	State <b>AL</b>	ZIP Code <b>35124</b>	Telephone Number <b>[REDACTED]</b>

## Type of Report (check one)

☒ Monthly ☐ Amended Monthly  
☐ Weekly ☐ 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.

**8-19-2016**

Total Number of Pages in Report

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<b>0</b>
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	<b>1200.00</b>
2b	Non-itemized cash contributions	2b	<b>0</b>
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>1200.00</b>
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>0</b>
3b	Non-itemized in-kind contributions	3b	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>0</b>
<b>Receipts from Other Sources</b>			
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	<b>0</b>
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	<b>1129.70</b>
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	<b>1129.70</b>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>\$ 70.30</b>

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.

**Beth McMillan**  
Signature of Candidate or Elected Official

**8-19-2016**  
Date

Sworn to and subscribed before me this **19** day of **August** of the year **2016**. My commission expires the **14** day of **October** of the year **2019**.

**Mary R. [Signature]**  
Signature of Notary Public

**Mary R. [Signature]**  
Print Notary's Name



NAME OF CANDIDATE OR ELECTED OFFICIAL:

Beth mcmillan

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

<b>CONTRIBUTOR</b> <small>(INCLUDE FULL NAME)</small>	<b>ADDRESS</b> <small>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)</small>	<b>SOURCE OF CONTRIBUTION</b> <small>(CHECK ONE)</small>					<b>DATE CONTRIBUTION RECEIVED</b> <small>(mo./day/yr.)</small>	<b>AMOUNT OF CONTRIBUTION</b>
		<small>Business or Corporation</small>	<small>Individual</small>	<small>PAC</small>	<small>Other</small>	<small>Returned</small>		
Beth Mcmillan	104 Granville Lane		X				7-8-2016	900.00
Beth Mcmillan	104 Granville Lane		X				6-17-2016	300.00
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>								1200.00

20160822000302950 2/5 \$ .00  
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NAME OF CANDIDATE OR ELECTED OFFICIAL:

Beth McMillan

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]

2016082200302950 3/5 \$.00  
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NAME OF CANDIDATE OR ELECTED OFFICIAL: Brian Morrison

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.

[illegible]

**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**

[illegible]**TOTAL EXPENDITURES THIS PAGE**

1129.70

