



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

JUL 20 2012

James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>HOLLIE C. COST</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>MAYOR - MONTEVALLO</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>1230 OAK ST</b>			
City <b>MONTEVALLO</b>	State <b>AL</b>	ZIP Code <b>35115</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.

Total Number of Pages in Report

Month in which the report is filed.
7-20-12
Total Number of Pages in Report

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	Ø
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	631.44
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	631.44
<b>In-Kind Contributions</b>			
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
<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	440.93
5b	Non-itemized expenditures	5b	0
5c	Total expenditures (add lines 5a and 5b)	5c	440.93
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	190.51

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
 
 7-20-12  
Date

Sworn to and subscribed before me this 20 day of July of the year 2012. My commission expires the 27 day of Oct. of the year 2014.

Signature of Notary Public
   
  
Print Notary's Name

**FORM 2: Contributions received by candidate or elected official**

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 in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
HOLLIE COST			<input checked="" type="checkbox"/>				7-16-12	\$100.00
TED METZ	230 COUNTY ROAD 3515 MONTGOMERY, AL 36115		<input checked="" type="checkbox"/>				7-18-12	\$100.00
SHARLY B. HARDIG	215 N. FOREST DR BRIEFIELD AL 35035		<input checked="" type="checkbox"/>				7-17-12	\$100.00
HOLLIE COST	1230 OAK ST MONTGOMERY, AL 36115		<input checked="" type="checkbox"/>				7-20-12	\$231.44
LUDSEY ALLISON	1300 CORPORATE DRIVE BHAM, AL 35242		<input checked="" type="checkbox"/>				7-17-12	\$100.00

TOTAL CASH CONTRIBUTIONS THIS PAGE

\$631.44





## NAME OF CANDIDATE OR ELECTED OFFICIAL:

## HOLLY 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]

NAME OF CANDIDATE OR ELECTED OFFICIAL: HO LLE C. COST

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

[illegible]



NAME OF CANDIDATE OR ELECTED OFFICIAL:

**When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.**

[illegible]