



# Candidate & Elected Official

## Campaign Finance Report

### SUMMARY FORM 1

RECEIVED

JUL 27 2012

James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

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

## 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

| Summary of activity since last filed report |                                                               |    |                                  |
|---------------------------------------------|---------------------------------------------------------------|----|----------------------------------|
| 1                                           | Beginning balance (ending balance from previous filing)       |    | \$2,582.60                       |
| <b>Cash Contributions</b>                   |                                                               |    |                                  |
| 2a                                          | Itemized cash contributions (total from Form 2)               | 2a |                                  |
| 2b                                          | Non-itemized cash contributions                               | 2b |                                  |
| 2c                                          | Total cash contributions (add lines 2a and 2b)                | 2c |                                  |
| <b>In-Kind Contributions</b>                |                                                               |    |                                  |
| 3a                                          | Itemized in-kind contributions (total from Form 3)            | 3a |                                  |
| 3b                                          | Non-itemized in-kind contributions                            | 3b |                                  |
| 3c                                          | Total in-kind contributions (add lines 3a and 3b)             | 3c |                                  |
| <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>Expenditures</b>                         |                                                               |    |                                  |
| 5a                                          | Itemized expenditures (total from Form 5)                     | 5a | \$229.08 <del>\$475.08</del>     |
| 5b                                          | Non-itemized expenditures                                     | 5b | \$70.00                          |
| 5c                                          | Total expenditures (add lines 5a and 5b)                      | 5c | \$543.08                         |
| 6                                           | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | \$2,283.52 <del>\$2,039.52</del> |

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

Date

Sworn to and subscribed before me this 26<sup>th</sup> day of July of the year 2012. My commission expires the 17<sup>th</sup> day of Dec of the year 2014.

Signature of Notary Public

Print Notary's Name



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



# FORM 2: Contributions received by candidate or elected official

**Robert S. Elliott**

NAME OF CANDIDATE OR ELECTED OFFICIAL:

**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.

[illegible]

FORM REVISED 10.27.2011



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**NAME OF CANDIDATE OR ELECTED OFFICIAL:**

| 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 |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
|                                       |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |
| TOTAL IN-KIND CONTRIBUTIONS THIS PAGE |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |                       |     |       |  |                                                   |                              |

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# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert S. Elliott

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

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                   |         |                |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|---------|----------------|---------------------------------------|-----------------------------------------|-----------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |                                         |                             |
| Alabama Secretary of State                                            | 600 Dexter Avenue, Montgomery, AL 36130                                         |                                       |             | X                       |                            |      |             |                   |         |                |                                       | 7/25/2012                               | \$229.08                    |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
| TOTAL EXPENDITURES THIS PAGE                                          |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       | \$229.08                                |                             |

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