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THIS AREA FOR OFFICIAL USE ONLY

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED
AUG 03 2012
James W. Fuhrmeister
Judge of Probate

20120806000286490 1/3 $.00
Shelby Cnty Judge of Probate, AL
08/06/2012 12:55:16 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Kevin Olen Braxton Brand	NA
Office Sought or Held (include district or circuit number, if applicable)	
Mayor City of Alabaster	
Address ☐ Check box if reporting new address	
169 Tanglewood Drive	
City / **State** / **ZIP Code**	**Telephone Number**
Alabaster / Al. / 35007	[redacted]

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: August 3, 2012

Total Number of Pages in Report: 3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)			1	$529.38
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	$100.00		
2b	Non-itemized cash contributions	2b	$120.00		
2c	Total cash contributions (add lines 2a and 2b)			2c	$220.00
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	Ø		
3b	Non-itemized in-kind contributions	3b	Ø		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	Ø		
	Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	Ø		
4b	Non-itemized Receipts from Other Sources	4b	Ø		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	Ø
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	$450.00		
5b	Non-itemized expenditures	5b	Ø		
5c	Total expenditures (add lines 5a and 5b)			5c	$450.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	$299.38

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.

Kevin Olen Braxton Brand — Signature of Candidate or Elected Official

8/3/2012 — Date

Sworn to and subscribed before me this 3rd day of August of the year 2012. My commission expires the 23rd day of November of the year 2013.

Bridget Jefferson — Signature of Notary Public

Bridget Jefferson — Print Notary's Name

FORM REVISED 10.27.2011

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

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Kevin Olen Braxton Brand

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		
Marie Brand	97 Night Circle Columbiana, Al. 35051		X				7/29/2012	$ 100
	TOTAL CASH CONTRIBUTIONS THIS PAGE							$ 100

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

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Kevin Olen Braxton Brand

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

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
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Webb Signs	P.O. Box 922 Gardendale, AL. 35071		X									7/27/2012	$ 450.00
	TOTAL EXPENDITURES THIS PAGE												$450.00

FORM REVISED 10.27.2011