

THIS AREA FOR OFFICIAL USE ONLY

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMACandidate & Elected Official
Campaign Finance Report
SUMMARY FORM 120120820000309170 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/20/2012 02:16:06 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official TREY D. LOTT		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council Place 1			
Address ☐ Check box if reporting new address 1011 GRYMOOR ROAD			
City HOOVER	State AL	ZIP Code 35242	Telephone Number [REDACTED]

Type of Report (check one)

☐ Monthly
☒ Weekly

☐ Amended Monthly
☐ 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**8-17-12****5**

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1 2201.75
Cash Contributions			
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	\$
In-Kind Contributions			
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	\$
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 and 4b)	4c	\$
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$
5b	Non-itemized expenditures	5b	\$
5c	Total expenditures (add lines 5a and 5b)	5c	\$
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	2201.75

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.

Trey D. Lott **8-15-12**
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **15th** day of
August of the year **2012**. My commission expires
 the **2nd** day of **February** of the year **2015**.

Suzanne Russell
 Signature of Notary Public

SUZANNE RUSSELL
 Print Notary's Name



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

FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

Try 2 Lot

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]

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FORM REVISED 10-27-2011



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:

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
										TOTAL EXPENDITURES THIS PAGE			

FORM REVISED 10.27.2011



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