



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

20120928000371350 1/5 \$ .00  
Shelby Cnty Judge of Probate, AL  
09/28/2012 02:22:02 PM FILED/CERT

REA FOR OFFICIAL USE ONLY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

SEP 25 2012

James W. Fuhrmeister  
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Trey D Lott</u>		Political Party/Ballot Affiliation	
Office Sought or Held (Include district or circuit number, if applicable) <u>Hoover City Council Place 1</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>1011 Greymoor Rd Hoover</u>			
City <u>Hoover</u>	State <u>AL</u>	ZIP Code <u>35242</u>	Telephone Number <u>[REDACTED]</u>

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

<u>9-21-12</u>

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<u>3338.75</u>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<u>0</u>	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>0</u>	
<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	<u>0</u>	
<b>Expenditures</b>				
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	<u>3338.75</u>	

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 9-19-12  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 19th day of September 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

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



NAME OF CANDIDATE OR ELECTED OFFICIAL:

Trey D Cott

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.

**DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.**

[illegible]



## NAME OF CANDIDATE OR ELECTED OFFICIAL:

Trey D. Lett

**DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings**

[illegible]

NAME OF CANDIDATE OR ELECTED OFFICIAL: James D. Smith

**DO NOT LIST cash or in-kind contributions on this form. Use Form 72 and 72-B for these purposes.**

[illegible]

## NAME OF CANDIDATE OR ELECTED OFFICIAL:

Tung D left

**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)

Administrative
Advertising
Consultants/ Polling
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

OTHER  
GIVE  
BRIEF  
EXPLANATION

DATE OF  
EXPENDITURE  
(mo./day/yr.)

AMOUNT  
OF  
EXPENDITURE

[illegible]

TOTAL EXPENDITURES THIS PAGE

\_\_\_\_\_

201209280000371330 373 \$:00  
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