

RECEIVED  
SEP 28 2012James W. Fuhrmeister  
Judge of Probate

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20120928000371860 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
09/28/2012 03:12:00 PM FILED/CERT

Please Print in Ink or Type.

|                                                                                                  |       |                                    |                  |
|--------------------------------------------------------------------------------------------------|-------|------------------------------------|------------------|
| Name of Candidate or Elected Official<br>Hollie Cost                                             |       | Political Party/Ballot Affiliation |                  |
| Office Sought or Held (include district or circuit number, if applicable)<br>Mayor of Montevallo |       |                                    |                  |
| Address <input type="checkbox"/> Check box if reporting new address<br>1230 Oak Street           |       |                                    |                  |
| City<br>Montevallo, AL 35115                                                                     | State | ZIP Code                           | Telephone Number |

## 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

9-28-12

5

## Summary of activity since last filed report

|                                    |                                                               |    |        |
|------------------------------------|---------------------------------------------------------------|----|--------|
| 1                                  | Beginning balance (ending balance from previous filing)       | 1  | 564.37 |
| <b>Cash Contributions</b>          |                                                               |    |        |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | 50     |
| 2b                                 | Non-itemized cash contributions                               | 2b | 0      |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | 614.37 |
| <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 | 252.60 |
| 5b                                 | Non-itemized expenditures                                     | 5b | 0      |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | 252.60 |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | 361.70 |

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.

Hollie Cost 9-28-12

Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 28th day of Sept. of the year 2012. My commission expires the 8th day of June of the year 2014.

Judith Santa Cruz

Signature of Notary Public

JUDITH L. SANTA CRUZ

Print Notary's Name



# FORM 2: Contributions received by candidate or elected official

**NAME OF CANDIDATE OR ELECTED OFFICIAL:** Hollie 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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE<br>OF CONTRIBUTION<br>(CHECK ONE) |            |     |       |          | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|------------|-----|-------|----------|---------------------------------------------------|------------------------------|
|                                    |                                                                                 | Business or<br>Corporation               | Individual | PAC | Other | Returned |                                                   |                              |
| Claire Edwards                     | 1506 Salem Rd.<br>MONTEVILLE, AL 35115                                          |                                          | ✓          |     |       |          | 9-24-12                                           | 50.00                        |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          | TOTAL CASH CONTRIBUTIONS THIS PAGE                | 50.00                        |



20120928000371860 2/5 \$.00  
Shelby Cnty Judge of Probate, AL  
09/28/2012 03:12:00 PM FILED/CERT

FORM REVISED 10.27.2011



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

**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 cash or loans on this form. Use Forms 2 and 4 for those listings.**

[illegible]



# FORM 4: Receipts from Other Sources loans, interest, and other sources of income

**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 cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.**

[illegible]



# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Hollie Cost

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 |                                         |                             |
| MONTEUAUO<br>CHAMBER OF<br>Commerce                                   | 0 AC ST, MONTEUAUO, AL<br>35115                                                 |                                       |             |                         |                            |      |             |                   |         |                | 9-28-12                                 | 100.00                      |
| Type shop                                                             | MAIN ST MONTEUAUO, AL<br>35115                                                  |                                       |             |                         |                            |      |             |                   |         |                | 9-24-12                                 | 152.60                      |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                         |                             |
| TOTAL EXPENDITURES THIS PAGE                                          |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                | 252.60                                  |                             |

20120928000371860 5/5 \$.00  
Shelby Cnty Judge of Probate, AL  
09/28/2012 03:12:00 PM FILED/CERT