

ALABAMA FAIR CAMPAIGN PRACTICES ACT

CANDIDATE / ELECTED OFFICIAL

ANNUAL REPORT

SUMMARY FORM 1A

20130204000046080 1/14 \$.00
Shelby Cnty Judge of Probate, AL
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JAN 31 2013

James W. Fuhrmeister
Judge of Probate

Please Print in Ink or Type.

Name of Candidate or Elected Official Beth McMillan		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Pelham City Council #3			
Address ☐ Check box if reporting new address 104 Granville Lane			
City Pelham	State AL	ZIP Code 35124	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Annual Report for Year 2012
☐ Termination Report
☐ Amended Annual Report for Year _____

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)	1	
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$1,732.18
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$1,732.18
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	\$0.00
Receipts from Other Sources			
4	Total receipts from other sources (total from Form 4)	4	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$1,597.68
5b	Non-itemized expenditures	5b	\$134.50
5c	Total expenditures (add lines 5a and 5b)	5c	\$1,732.18
6	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)	6	\$0.00

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)	7	
8	Total cash contributions for year	8	
9	Total in-kind contributions for year	9	
10	Total receipts from other sources for year	10	
11	Total expenditures for year	11	
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12	\$0.00
13	Total campaign debt (total debt owed as of December 31)	13	

Sworn to and subscribed before me this 31st day of January of the year 2013. My commission expires the 6th day of March of the year 2013.

Cindy Glass

Signature of Notary Public

Cindy Glass

Print Notary's Name

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.

Beth McMillan

Signature of Candidate or Elected Official

1-31-13

Date

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

PAGE 2 OF 14

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		
Beth McMillan	104 Granville Lane		✓				08/22/2012	\$1,200.00
Issis and Sons Furniture Gallery Inc.	2858 Highway 31 South, Pelham, Al 35124	✓					08/22/2012	\$500.00
Beth McMillan	104 Granville Lane		✓				08/22/2012	\$32.18
							TOTAL CASH CONTRIBUTIONS THIS PAGE	\$1,732.18

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FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Beth McMillan

PAGE 3 OF 14

The FCPA requires that those contributions greater than \$100 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		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0 . 00

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FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Beth McMillan

PAGE 4 OF 14

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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		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

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FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Beth McMillan

PAGE 5 OF 14

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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		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

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FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

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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		
FORM REVISED 10.29.99  20130204000046080 6/14 \$.00		TOTAL CASH CONTRIBUTIONS THIS PAGE					\$0.00	

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FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Beth McMillan

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CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)									SOURCE (CHECK ONE)			DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE													\$0.00

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

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The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other				
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																\$0.00	

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**LOANS/INTEREST/OTHER SOURCES OF
INCOME TO CANDIDATE OR ELECTED OFFICIAL**

FORM 4: RECEIPTS FROM OTHER SOURCES

NAME OF CANDIDATE / ELECTED OFFICIAL: Beth McMillan

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The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEERING LOAN)	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
					TOTAL RECEIPTS THIS PAGE								\$0.00



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ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: Beth McMillan

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The FCPA requires that expenditures over \$100 be itemized.

[illegible]

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TOTAL EXPENDITURES THIS PAGE

\$1,597.68



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ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

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**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)

OTHER
GIVE
BRIEF
EXPLANATION

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

**AMOUNT
OF
EXPENDITURE**

TOTAL EXPENDITURES THIS PAGE

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BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES POLITICAL PARTIES AND POLITICAL COMMITTEES

FORM 5: EXPENDITURES

NAME OF CANDIDATE / ELECTED OFFICIAL:

Beth McMillan

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The FCPA requires that expenditures over \$100 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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
TOTAL EXPENDITURES THIS PAGE												\$0.00	

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BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

PAGE 13 OF 14

The FCPA requires that expenditures over \$100 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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
FORM REVISED 10.29.99		TOTAL EXPENDITURES THIS PAGE										\$0.00	

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BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

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The FCPA requires that expenditures over \$100 be itemized.

[illegible]