### Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

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V. Futirmeister 3 of Probate

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Name of Candidate or Elected Official	Political Party/Ballot Affiliation	Calendar Year	
Beth McMillan		covered by this report.	2014
Office Sought or Held (include district or circuit number, if applicable)			mandad Annual Danari
Pelham City Council			mended Annual Report
Address Check box if reporting new address	·¬····································	Te	ermination Report
104 Granville Lane		Total Pages in Report	5
City State ZIP Code Pelham, AL 35124	Telephone Number 205-620-3909	Include this page in your count.	

City			-3909	your count.	ge in	
SE	CTION I - Summary of activity from last filed report	thro	ough De	cember 31 of	rep	orting year
1	Beginning balance (ending balance from previous filing)				1	0
	Cash Contributions				<b>!</b>	
2a	Itemized cash contributions (total from Form 2)	2a	0		]	
2b	Non-itemized cash contributions	2b		0		
2c	Total cash contributions (add lines 2a and 2b)				2c	
	n-Kind Contributions					
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			
	Receipts from Other Sources			<del></del>	•	
4a	Total itemized receipts from other sources (total from Form 4)	4a	0			
4b	Total non-itemized receipts from other sources	4b	0		]	
4c	Total itemized receipts from other sources (add lines 4a and 4b)				4c	
	Expenditures					
5a	Itemized expenditures (total from Form 5)	5a	C	)		
5b	Non-itemized expenditures	5b	0			
5c	Total expenditures (add lines 5a and 5b)				5c	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				6	
SE	CTION II - Summary of activity for entire reporting	year	- Janua	ry 1st throug	h De	ecember 31st
7	Beginning balance (as of January 1 of reporting year)				7	0
8	Total cash contributions for year				8	^
9	Total in-kind contributions for year	9	·	n		
10	Total receipts from other sources for year				10	0
11	Total expenditures for year				11	0
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)				12	
13	Total campaign debt (total debt owed as of December 31)	13		<u> </u>		
As re	quired by the Alabama Fair Campaign Practices Act, I hereby swear or Swor	m to an	d subscribed	before me this	2	day of femulai of the

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 monde	in 11-2-15
gnature of Candidate or Elected Office	· <del>····································</del>

Sworn to and subscribed before me this		day	di fles	Main	of the
ear <u>2015</u> . My commission expires the _	6	5	day of_	ON	of
he year <u>2017</u> .					
Conni Coron					
Signature of Notary Public	<del> </del>	·-·		<del></del>	<del></del>
Connie Davis					
Print Notary's Name	<del> </del>	· · · · ·			

### ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT CANDIDATE Qο m ECTED OFFICIAL

# FORM 2: Contributions received by candidate or

NAME OF CANDIDATE OR ELECTED OFFICIAL: When total contributions from a single source exceed \$100.00, the FCPA require **DO NOT LIST** in-kind contributions or loans on this form. Use F Beth McMillan

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itemized

FORM REVISED 9.2.2011 (INCLUDE FULL NAME) ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL CASH CONTRIBUTIONS **Business** or 유 Corporation SOURCE CONTRIBUTION (CHECK ONE) Individual PAC listings. Other Returned N. T. S. PAGE NTRIBUTION 0 20150122000024480 2/5 \$.00 Shelby Cnty Judge of Probate, AL 01/22/2015 02:36:24 PM FILED/CERT

#### ALABAMA FAIR CAMPAIGN PRAC TICES ACT CAMPAIGN FINANCE REPOR FOR 0 ANDIDATE/EL 百つ TED OFFICIAL

#### FORM 3: n-Kind ontrib utions receiv Яd Ũ andid ate 9 P ected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

Beth McMillan

FORM REVISED 9.2.2011 (INCLUDE FULL NAME) When total contributions from a single source DO NOT LIST cash ADDRESS SHOULD INCLUDE (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) cash or loans exceed \$100.00 on this form. Administrative , the TOTAL NATURE Advertising FCPA FCPA requires
Use Forms 2 Consultants/ Polling OF CONTRIBUTION CHECK ONE) N-KIND Equipment Food and <u>a</u> Rent C ontribi ONTRIBUTIONS ₫ Transportation those utions Other Business/ listings. from Corporation (CHECK ONE) Individual that PAC source Other SIH ᅙ PAGE (mo., be RECEIVED NTRIBUTI itemizec /day/yr. CONTRIBUTION 0 20150122000024480 3/5 \$.00 Shelby Cnty Judge of Probate, AL 01/22/2015 02:36:24 PM FILED/CERT



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

### Receipts from Other Sources load ns, interest, and other sources of.

NAME OF CANDIDATE OR ELECTED OFFICIAL: Beth McMillan

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. to be itemized.

FORM REVISED 9.2.2011									SOURCE OF RECEIPT	
								REET OR P.O. BOX, Y, STATE, AND ZIP)	(ADDRESS SHOULD INCLUDE	
							_	Interest Loan		OF RE
								Other		FORM
TOTAL RECE								AME AND COM- VIDUAL(S) EN- EEING LOAN]	GEARANTORS	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN
IPTS							·	Lending Institution PAC		RECE (C
I								Individual		HECK (
IS P			· <del></del>					Business		ONE)
AG								Other		CE
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0		20 Sh	150122000 elby Cnt	0024480 4 y Judge 6 y 02:36:2	75 \$.00 of Probat 4 PM FILE	e, AL ED/CERT		RECEIPT	AMOUNT	

ABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE

## Expenditures by candidate or elected or ficial

NAME OF CANDIDATE OR ELECTED OFFICIAL: Beth McMillan



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

	AGE	EXPENDITURES THIS P		Ĕ	X		101						FORM REVISED 9.2.2011
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AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Food	Polling  Contribution	Consultants/	Advertising	Administrative	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		刀E	PURPOSE OF EXPENDITURE (CHECK ONE)	ONE)	市 C F F	OSE E	URP						