



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

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JAN 22 2015

V. F. Fournier  
J. of Probate
 20150122000024480 1/5 \$.00  
 Shelby Cnty Judge of Probate, AL  
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Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Beth McMillan</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>Pelham City Council</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>104 Granville Lane</b>			
City <b>Pelham, AL</b>	State <b>35124</b>	ZIP Code <b>35124</b>	Telephone Number <b>205-620-3909</b>

 Calendar Year  
 covered by this report.
**2014**☐ Amended Annual Report☐ Termination Report
 Total Pages in Report  
 Include this page in  
 your count.
**5**
**SECTION I - Summary of activity from last filed report through December 31 of reporting year**

1	Beginning balance (ending balance from previous filing)		1	0
<b>Cash Contributions</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	
<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	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	
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	0	
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	

**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	0
8	Total cash contributions for year		8	0
9	Total in-kind contributions for year	9	0	
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	0
13	Total campaign debt (total debt owed as of December 31)	13	0	

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.

Sworn to and subscribed before me this 2 day of January of the year 2015. My commission expires the 05 day of Oct of the year 2017.

*Connie Davis*  
Signature of Notary Public

Connie Davis  
Print Notary's Name

*Beth McMillan*  
Signature of Candidate or Elected Official

1-2-15  
Date



**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 to be itemized.

**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:** Beth McMillan

**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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**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 to be itemized..**

**DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

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**NAME OF CANDIDATE OR ELECTED OFFICIAL:** Beth McMillan

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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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation		
TOTAL EXPENDITURES THIS PAGE												0