

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160407000113330 1/5 \$.00
Shelby Cnty Judge of Probate, AL
04/07/2016 01:04:07 PM FILED/CERT

RECEIVED
APR 05 2016
James W. Fuhrman

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Ronald C. Briggs</u>		Political Party/Ballot Affiliation <u>GOP</u>	
Office Sought or Held (include district or circuit number, if applicable) <u>Shelby County Commissioner District 4</u>			
Address ☐ Check box if reporting new address <u>1238 9th Ave. S.W.</u>			
City <u>Alabaster</u>	State <u>Alabama</u>	ZIP Code <u>35007</u>	Telephone Number <u>205-966-5560</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>4/1/16</u>
<u>5</u>

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 <u>1865.68</u>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a <u>00</u>	
2b	Non-itemized cash contributions	2b <u> </u>	
2c	Total cash contributions (add lines 2a and 2b)	2c <u>00</u>	
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a <u>00</u>	
3b	Non-itemized in-kind contributions	3b <u>00</u>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c <u>00</u>	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a <u>00</u>	
4b	Non-itemized Receipts from Other Sources	4b <u>00</u>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c <u>00</u>	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a <u>70.80</u>	
5b	Non-itemized expenditures	5b <u>00</u>	
5c	Total expenditures (add lines 5a and 5b)	5c <u>70.80</u>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6 <u>1494.88</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.

Signature of Candidate or Elected Official [Signature] Date 4/5/16

Sworn to and subscribed before me this 5th day of April of the year 2016. My commission expires the 10th day of March of the year 2017.

Signature of Notary Public Cindy Glass
Cindy Glass

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

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FORM REVISED 10.27.2011

Ronald C. Briggs

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.

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		
FORM REVISED 10.27.2011					TOTAL RECEIPTS THIS PAGE							00.00

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



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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
		Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION			
The Home Depot	3191 Pelham Pkwy Pelham, Alabama 35124	☒									stacks for signs	3/31/16	70.80
TOTAL EXPENDITURES THIS PAGE													70.80

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