County Division Code: AL040 Inst. # 2016019724 Pages: 1 of 5 I certify this instrument filed on: 3/2/2016 1:50 PM

Doc: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Clerk: LYNN

WEEKL

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

PROBATE COURT

FEB 2 9 2016

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Print Form THIS AREA FOR OFFICIAL USE ONLY

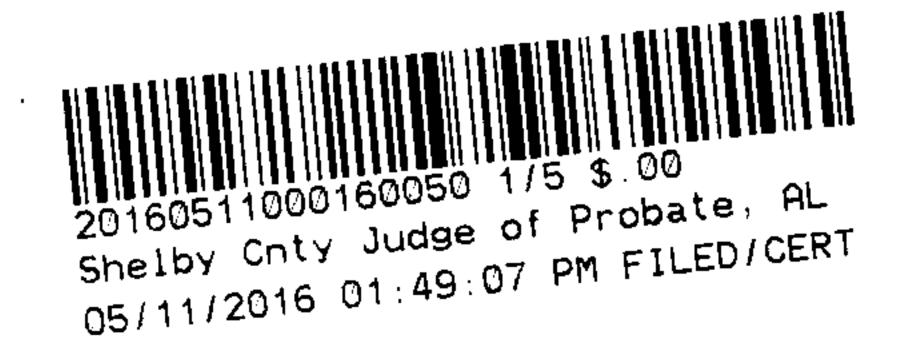
RECEIVED

James W. Fuhrmeister Judge of Probate

Piease Print in Ink or Type.			Tune of Deport	/abook	2021		
	Political Party/Ba	allot Affiliation		-		d Monthly	
Dr. Casey W. Middlebrooks			✓ Monti	•		ed Weekly	
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council			For Monthly Re	•			
Address Check box if reporting new address		<u>.</u>	Month in which t	-	February	•	
2395 Abbeyglen Cir			report is filed. For Weekly Rep	aorte			
	Telephone Num	ber	Date of Friday in	the			
Hoover AL 35226	TOTO PITO TO THE		week in which the report is filed.	ie			
			Total Number o	_	5		
			Pages in Repor	rt		····	
Summary of activity since last filed report							
1 Beginning balance (ending balance from previous	us filing)			1	<u>.</u>	\$1,218.99	
Cash Contributions				1.00		•	
2a Itemized cash contributions (total from Form 2)		2a	\$0.00		,		
2b Non-itemized cash contributions		2b	\$0.00				
2c Total cash contributions (add lines 2a and 2b)				2c	<u>_</u>	\$0.00	
In-Kind Contributions							
3a Itemized in-kind contributions (total from Form 3	3)	3a	\$0.00			•	
3b Non-itemized in-kind contributions		3b	\$0.00	•		· ., .	
3c Total in-kind contributions (add lines 3a and 3b)		3c	\$0.00				
Receipts from Other Sources						. •	
4a Itemized Receipts from Other Sources (total from	n Form 4)	4a	\$0.00	. •			
4b Non-itemized Receipts from Other Sources		4b	\$0.00	•			
4c Total receipts from other sources (add lines 4a a	and 4b)			4c		\$0.00	
Expenditures				1			
5a Itemized expenditures (total from Form 5)		5a	\$344.50	j.	• .	* Company	
5b Non-itemized expenditures		5b	\$25.15	, ;			
5c Total expenditures (add lines 5a and 5b)				5c	·····	\$369.65	
6 Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)	٠.		6		\$849.34	
6 Ending balance (add lines 1, 2c, & 4c, then subtra Candidates for State Office: File this report with the Office	·		f State.	6		\$849.3	
Candidates for County or Municipal Office: File this rep				y in wh		e is sought	
As required by the Alabama Fair Campaign Practices Act, I here			subscribed before me	;	36	_day of	
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein a		niani	of the year 2016	7	My commis	sion expires	
true and correct and that this information is a full and comple	lete then	30	Jay of april	of th	e year <u>10</u>	16	
statement of all contributions, expenditures, and other requir							
information during the applicable period of time.	H	Jun P	relitivality		will	_	

FORM REVISED 10.27.2011

Signature of Candidate or Elected Official



Date

s Name



County Division Code: AL040 Inst. # 2016019724 Pages: 2 of 5

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

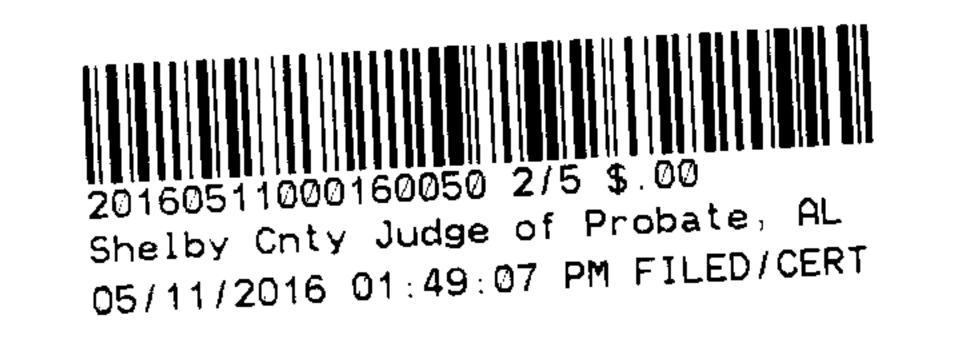
FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

Dr. Casey W. Middlebrooks

When total contributions from a single source exceed \$100.00 the ECPA requires all contributions from that source to be

When total contribut D	ons from a single source exceed \$100.00, the FCPA requires all contrib O NOT LIST in-kind contributions or loans on this form. Use Forms 3 and	oution id 4 f	or th	om those l	listin	ource gs.	e to be itemized.	
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS	OF CONTRIBUTION (CHECK ONE)					DATE	AMOUNT OF CONTRIBUTION
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	S S S S S S S S S S S S S S S S S S S		CONTRIBUTION RECEIVED (mo./day/yr.)			
								·
							-	
·								
FORM REVISED 10.27.2011	TOTAL CASH CON	TOTAL CASH CONTRIBUTIONS THIS PAGE					0	



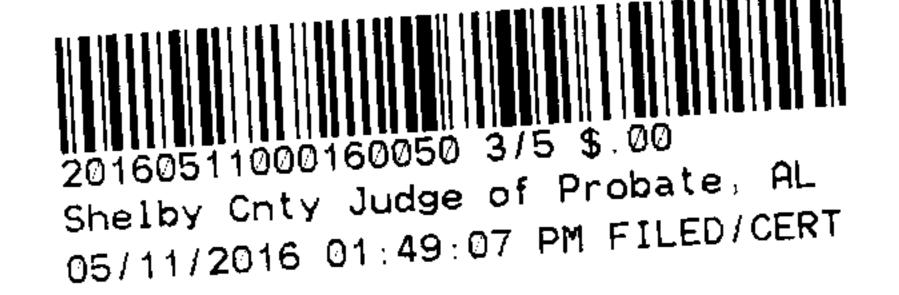
ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Dr. Casey W. Middlebrooks



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. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) **AMOUNT** DATE CONTRIBUTOR **ADDRESS** Food
Rent
Transportation
Other
Other
Other (ADDRESS SHOULD INCLUDE OF (INCLUDE FULL NAME) CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

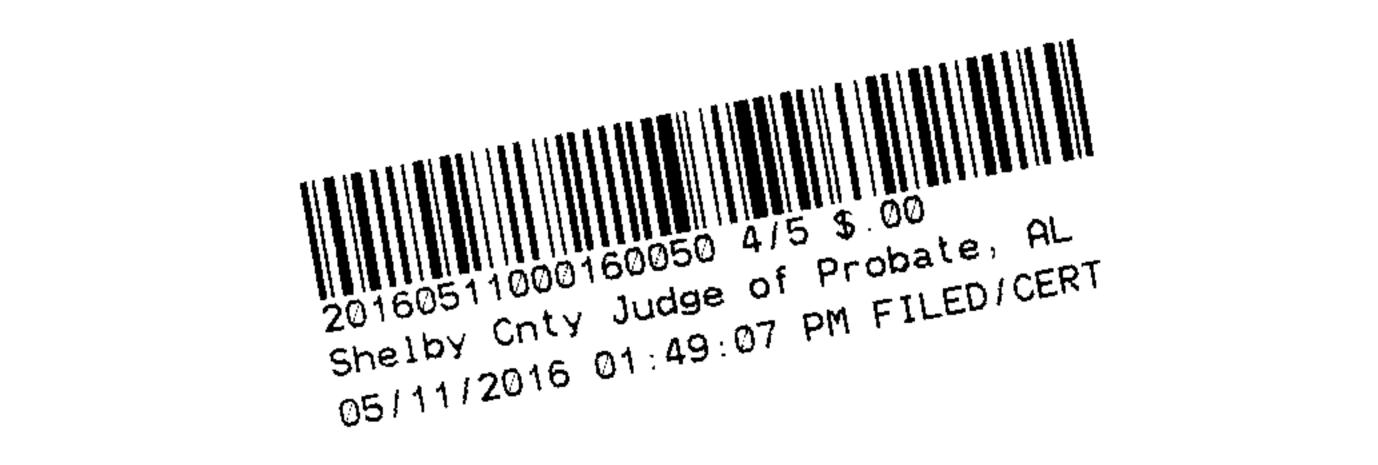


ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Dr. Casey W. Middlebrooks

SOURCE OF RECEIPT (INCLUDE FULL NAME)			FORM OF RECEIPT		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN			PT SO ECK (CE		AMOUNT
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	3OX.	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending	Lending Institution PAC	Individual	Business	Other	DATE RECEIVED (mo./day/yr.)	OF RECEIPT		
						_			_			<u></u>
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, <u>, , , , , , , , , , , , , , , , , , </u>												
<u> </u>		 										
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A REVISED 10.27.2011			<u> </u>	<u> </u>	TOTAL REC	EIP	⊥_ TS	' THI	S F	'AG	E	0



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: Dr. Casey W. Middlebrooks



PURPOSE OF EXPENDITURE (CHECK ONE) **AMOUNT** PERSON/GROUP/BUSINESS **ADDRESS** DATE OF OTHER (ADDRESS SHOULD INCLUDE OF EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) **EXPENDITURE** GIVE (INCLUDE FULL NAME) BRIEF **EXPLANATION** 2200 Winter Springs Blvd, Suite 106-322, 02/08/2016 \$344.50 Pin Depot Network Oviedo, Florida 32765 TOTAL EXPENDITURES THIS PAGE \$344.50 FORM REVISED 10.27.2011

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

