County Division Code: AL040 Inst. # 2016031788 Pages: 1 of 5 I certify this instrument filed on: 4/4/2016 2:43 PM

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

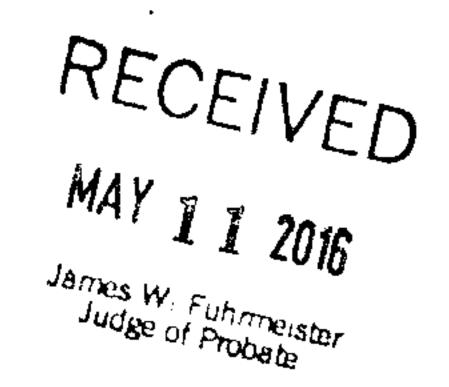
Clerk: LYNN

FAIR CAMPAIGN PRACTICES ACT

Print Form

THIS AREA FOR OFFICIAL USE ONLY

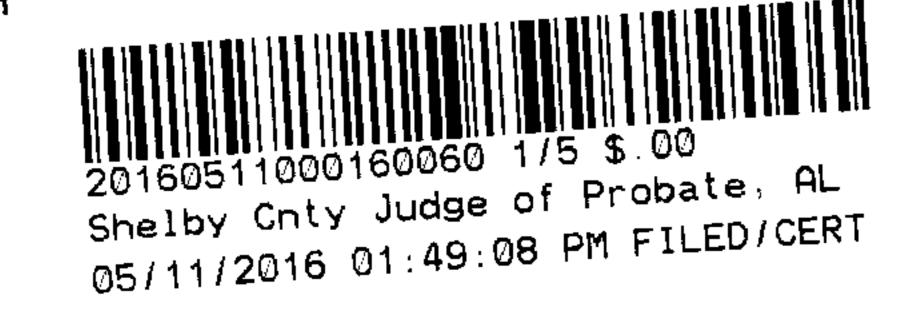
Candidate & Elect Campaign Finance SUMMARY FORM 1 Candidate & Elected Official APR 0 4 2016 Campaign Finance Report



	Please Print in In	k or Type.				Tuna of Bono	+ /shaak	ono)			
Name of Candidate or Elected Official Or. Casey W. Middlebrook	<u></u>	Political Party/	Ballot A	ffiliation	Type of Report	ithly	Amend	ded Monthly			
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council Place 6						For Monthly I	Reports	March			
Address Check box if reporting i			report is filed.	1 (110	IVICIT						
395 Abbeyglen Cir						For Weekly R	•				
City State ZIP Code Hoover AL 35226			Telephone Nu	mber		Date of Friday week in which report is filed.					
•						Total Number Pages in Rep		5			
Summary of activity s	ince last file	d report									
1 Beginning balance (e	nding balance	from previo	ous filing)			7. W	1		\$849.34		
Cash Contributions					•		•				
a Itemized cash contrib	utions (total from	om Form 2)		2a		\$115.00					
Non-itemized cash co	ntributions			2b	, ,, , , ,, ,,, ,, , , , , , , , , , ,	\$0.00]				
2c Total cash contributio	ns (add lines 2	2a and 2b)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		• • •		2c		\$115.00		
In-Kind Contributions		· · · · · · · · · · · · · · · · · · ·		1				L. T.			
ltemized in-kind contr	ributions (total	from Form	3)	3a		\$0.00					
Non-itemized in-kind contributions				3b		\$0.00					
3c Total in-kind contribut		3a and 3b)	3c		\$0.00					
Receipts from Other	Sources				·	•					
la Itemized Receipts fro	m Other Source	es (total fro	m Form 4)	4a	<u>. </u>	\$0.00					
b Non-itemized Receipt	ts from Other S	Sources		4b		\$0.00)		7.07 m		
c Total receipts from ot	her sources (a	dd lines 4a	and 4b)		,		4c		\$0.00		
Expenditures								in the second se			
ltemized expenditure	s (total from F	orm 5)	<u> </u>	5a	······································	\$491.65		•			
5b Non-itemized expend	litures	<u></u>		5b		\$9.80					
5c Total expenditures (a	dd lines 5a an	d 5b)			f		5c	<u>-</u>	\$501.45		
6 Ending balance (add l	ines 1, 2c, & 40	c, then subtr	act line 5c)		· · · ·		6		\$462.89		
Candidates for State Offic	e: File this repo	rt with the Of	fice of the S	ecreta	arv of State						
Candidates for County or							nty in w	hich the offic	e is sought.		
s required by the Alabama Fa						ibed before m		4	day of		
wear or affirm to the best of	my knowledge a	ind belief that	the A	oril	of the	e year <u>20</u> \	10	. My commis	sion expires		
ttached report(s) and the inverse that this			doto	2		of Apail		•	10110-		
tatement of all contributions,	expenditures, a	nd other requ		<u></u>		_		•			
nformation during the applica	ble period of time		Ц	11	nen	audul	ette	land			
13/1/1/1///////////////////////////////	1	Apr 4, 20	16	\ 	of Notary Pub	- I L			- /		
Signature of Candidate or Elected	Official	Date		1	•	vdelett	Λ	: — :	{ }		

nt Notary's Name

FORM REVISED 10.27.2011



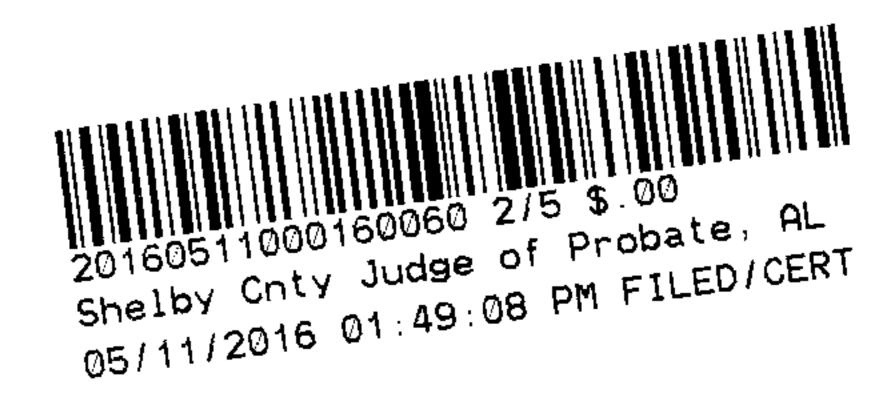
County Division Code: AL040 Inst. # 2016031788 Pages: 2 of 5

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 cont	ributions from a single source exceed \$100.00, the FCPA requires all con DO NOT LIST in-kind contributions or loans on this form. Use Forms 3	tributio and 4	ns fro	om ti ose	nat s listin	ourc gs.	e to be itemized.	
CONTRIBUTOR			S F CO	OUR	CE BUT	ION		ARIOLINIT
(INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
Heidi Moos	421 Shades Crest Road, Hoover, AL 35226		×				03/01/2016	\$100.00
Jackie Hamilton	2541 Dunmore Dr. Hoover, AL 35226		×				03/05/2016	\$15.00
							•	
'								
FORM REVISED 10.27.2011	TOTAL CASH CO	NTR	IBU	TIC	NS	TH	iis page	\$115.00



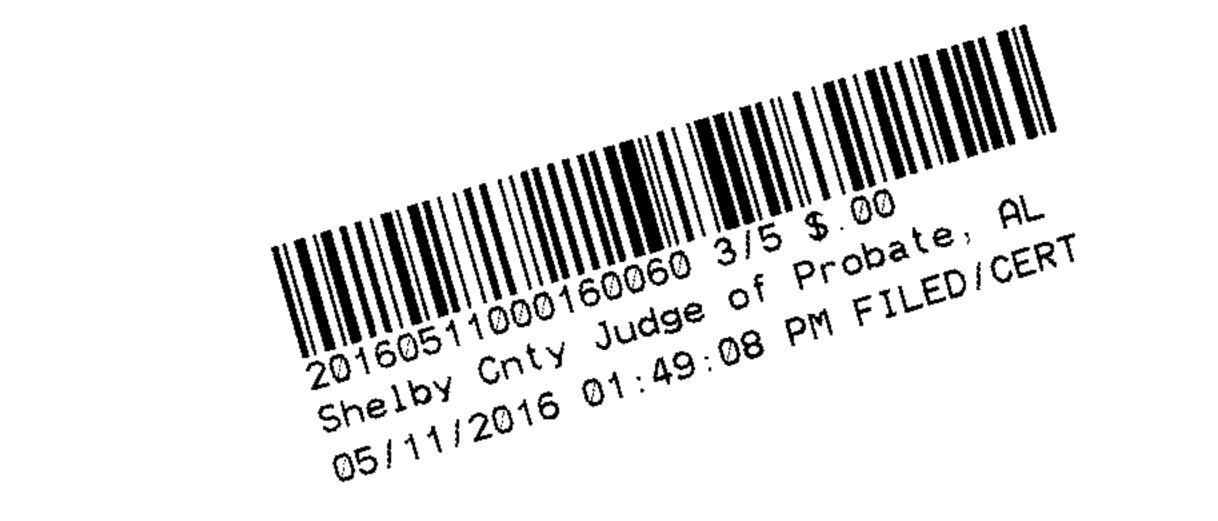
County Division Code: AL040 Inst. # 2016031788 Pages: 3 of 5

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

CONTRIBUTOR (INCLUDE FULL NAME)		NATURE OF CONTRIBUTION (CHECK ONE)									SOU				
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
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M REVISED 10.27.2011	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														



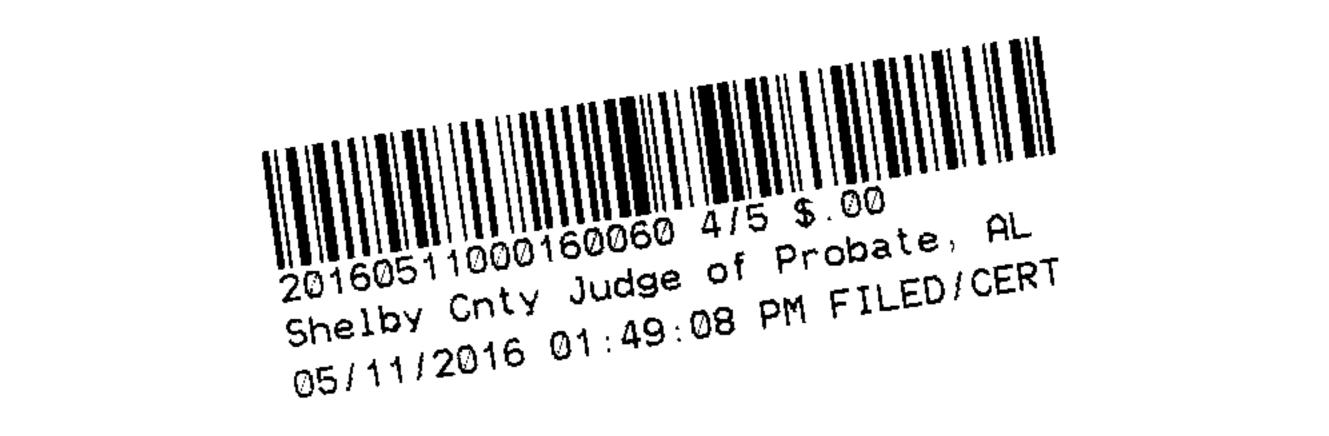
ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

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

	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)	ADDDCOC		FORI REC		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R	ECE! (CH	PT S ECK (4 546 1 1517
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
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FORM REVISED 10.27.2011	ISED 10.27.2011 TOTAL RECEIPTS THIS PAGE											



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



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS **ADDRESS AMOUNT** DATE OF OTHER (ADDRESS SHOULD INCLUDE OF EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) GIVE EXPENDITURE (INCLUDE FULL NAME) BRIEF **EXPLANATION** 17880 Toledo Blade Blvd., Port Charlotte, FL iGoodz, Inc 03/09/2016 \$45.90 33948 Cmagnets.com, Inc. 100 Capitola Dr, Suite 100, Durham, NC 27713 03/10/2016 \$285.75 × McKay Management 5 River Chase Ridge, Birmingham, AL 35244 03/22/2016 \$160.00 Mtg Rental Space TOTAL EXPENDITURES THIS PAGE \$491.65 FORM REVISED 10.27.2011

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