County Division Code: AL040 Inst. # 2016042427 Pages: 1 of 5 I certify this instrument filed on: 5/2/2016 5:06 PM

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

Clerk: LYNN

WEEKL

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James W. Fuhrmeister Judge of Probate

Print Form

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FILED IN OFFICE

PROBATE COURT

MAY 0 2 2016

ALAN L. KING

Judge of Probate

E.O.D.

Type of Report (check one)

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official Par				Political Party	/Ballot A	ffiliation	tabe or itel	ore (con	eck one,	
Dr. Casey W. Middlebrooks N/A							✓ M	onthly	Ame	ended Monthly
Office Sought or Held (include district or circuit number, if applicable)								<i>l</i> eekly	Ame	ended Weekly
	over City Council Place 6		For Monthly	•						
Add	ress Check box if reporting new		Month in where	_	April					
239	95 Abbeyglen Cir				For Weekly		ts			
City				Telephone Nu	ımber		Date of Frid	•	e	
Hoover		AL	35226				week in which report is file.			
-	<u></u>			<u> </u>		J	Total Numb		5	
S	ummary of activity sine	ce last file	d report						<u> </u>	
1	Beginning balance (ending balance from previous fil			ous filing)			•	1		\$462.89
	Cash Contributions					• •				
2a	Itemized cash contribution	ons (total fr	om Form 2)	-	2a	•	\$0.0	0		
2b	Non-itemized cash contr	ibutions			2b	· · · ·	\$0.0	0		· - ·
2c	Total cash contributions	(add lines	2a and 2b)	-				2c		\$0.00
	in-Kind Contributions	<u> </u>						<u>.</u>		
3a	Itemized in-kind contribu	ıtions (total	from Form	3)	3a		\$0.0	00		
3b	Non-itemized in-kind cor	ntributions			3b		\$0.0	00		_
3c	Total in-kind contribution	s (add line	s 3a and 3b)	3c		\$ 0.	00		

Political Party/Rallot Affiliation

Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) |4a| \$0.00 Non-itemized Receipts from Other Sources \$0.00 Total receipts from other sources (add lines 4a and 4b) \$0.00 Expenditures Itemized expenditures (total from Form 5) \$236.21 \$0.00 Non-itemized expenditures \$236.21 Total expenditures (add lines 5a and 5b) \$226.68 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

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.

Date Signature of Candidate or lected Official LAUREN AYDELETTE COOLEY Notary Public

Alabama State at Large

FORM REVISED 10.27.2011

Sworn to and subscribed before me this ___ day of Many of the year 2010 . My commission expires

the 300 day of April of the year 300.

Signature of Notary Public

Print Notary's Name

Lauren

20160511000160070 1/5 \$.00

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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



CONTRIBUTOR (INCLUDE FULL NAME) CONTRIBUTOR (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) SOURCE OF CONTRIBUTION (CHECK ONE) DATE CONTRIBUTION CONTRIBUTION RECEIVED CONTRIB	F
	F
(INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
TOTAL CASH CONTRIBUTIONS THIS PAGE	

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



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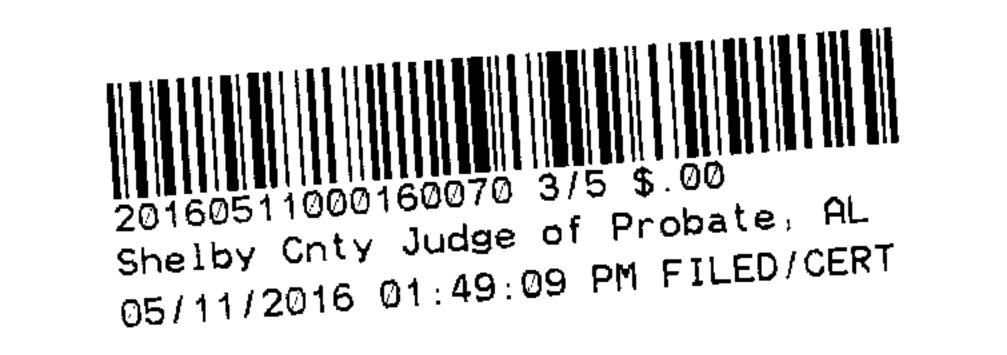
ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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 \$100.0 DO NOT LIST cash or loans on this	X), the	e FC n. U	PA i se F	om	res a s 2 a	all co and 4	ntrib I for	utior thos	ns fro e lis	m th tings	at so	ource	e to be itemized.	
·	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE)										E)			
CONTRIBUTOR (INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
	•								i						
	-													-	
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ORM REVISED 10.27.2011		TC	OT/	AL I	N-K	INE	C	OŅ	TRI	BU	TIO	NS	TH	IIS PAGE	

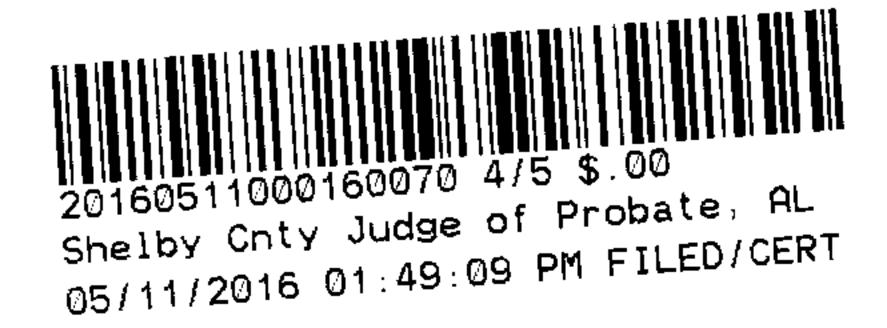


ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

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 in-kind contributions on this form. Use Forms 2 and 3 for those listings. COMPLETE THIS BLOCK IF RECEIPT **FORM** RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) **ADDRESS AMOUNT** SOURCE OF RECEIPT DATE (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) OF **GUARANTORS** RECEIVED STREET OR P.O. BOX, Business Other (mo./day/yr.) RECEIPT [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Loan PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] TOTAL RECEIPTS THIS PAGE FORM REVISED 10.27.2011



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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 AMOUNT DATE OF **ADDRESS** OTHER (ADDRESS SHOULD INCLUDE **OF** EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) GIVE (mo./day/yr.) EXPENDITURE (INCLUDE FULL NAME) BRIEF **EXPLANATION** \$236.21 Tag Specialties, LLC Apr 22, 2016 P.O. Box 43044, Birmingham, AL 35243 Apparel w/logo TOTAL EXPENDITURES THIS PAGE \$236.21 FORM REVISED 10.27.2011



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