



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

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DAILY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

JUL 05 2016

James W. [Signature]  
Judge of Probate



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Shelby Cnty Judge of Probate: AL  
07/08/2016 09:53:20 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>SOPHIE MARTIN</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>Alabaster City Council, Ward 1</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>219 BROADMOOR CIRCLE, AL. 35007</b>			
City <b>ALABASTER</b>	State <b>AL</b>	ZIP Code <b>35007</b>	Telephone Number

Date Covered by Report

☐ Amended Daily Report

Total Number of Pages  
in Report

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<b>493.84</b>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
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		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>493.84</b>	

Candidates for State Office and State Elected Officials: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office and County and Municipal Elected Officials: 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.

**Sophie J. Martin** **7.5.16**  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **5th** day of **July** of the year **2016**. My commission expires the **25th** day of **Oct** of the year **2017**.

**[Signature]**  
Signature of Notary Public

**Kristi T. Atwell**  
Print Notary's Name