

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160714000246320 1/5 \$.00
Shelby Cnty Judge of Probate, AL
07/14/2016 02:44:12 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Phillip Stencil Hardley		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR			
Address <input type="checkbox"/> Check box if reporting new address PO Box 828			
City Columbia	State Ala	ZIP Code 35051	Telephone Number [REDACTED]

Check one)

☒ Monthly
☐ Weekly

☐ Amended Monthly
☐ 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

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	0
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	2200
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	2200
In-Kind Contributions			
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	—
Receipts from Other Sources			
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	0
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	750
5b	Non-itemized expenditures	5b	—
5c	Total expenditures (add lines 5a and 5b)	5c	750
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1450

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 **[Blank]**

Sworn to and subscribed before me this **14th** day of **July** of the year **2016**. My commission expires the **6th** day of **March** of the year **2017**.

Cindy Glass
Signature of Notary Public

Cindy Glass
Print Notary's Name

**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)

Administrative
Advertising
Consultants/ Polling
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

OTHER
GIVE
BRIEF
EXPLANATION

**DATE OF
EXPENDITURE**
(mo./day/yr.)

AMOUNT
OF
EXPENDITURE

Alex Signs

Hande Olunba Alt 35151

Signs

7/9/16

750



20160714000246320 2/5 \$.00
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FORM REVISED 10.27.2011

TOTAL EXPENDITURES THIS PAGE

75



Stacy Handley

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

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

[illegible]

