

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160801000268950 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 08/01/2016 10:10:39 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Scott Weyand		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Chelsea City Council Place 2			
Address ☐ Check box if reporting new address 398 Chesser Dr Ste 1			
City Chelsea	State AL	ZIP Code 35043	Telephone Number [REDACTED]

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month in which the report is filed.

July 2016

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

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Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	100
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	450.00
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	450.00
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	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	493.22
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	493.22
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	116.78

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: **8/1/16**

Sworn to and subscribed before me this **1st** day of **August** of the year **2016**. My commission expires the **day of** **March** 2017.
 NOTARY PUBLIC STATE OF ALABAMA AT LARGE
 BONDED THRU MERCHANTS BONDING CO. (MUTUAL)

Signature of Notary Public: **[Signature]**
 Print Notary's Name: **Becky C. Landers**

FORM 2: Contributions received by candidate or elected official



Scott Weyand

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]

FORM REVISED 9.2.2011

TOTAL CASH CONTRIBUTIONS THIS PAGE

NAME OF CANDIDATE OR ELECTED OFFICIAL: SCOTT Weyand

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.

[illegible]

NAME OF CANDIDATE OR ELECTED OFFICIAL: Scott Weyand

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.

SOURCE OF RECEIPT (INCLUDE FULL NAME)		ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN		RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)		AMOUNT OF RECEIPT	
				Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]		Lending Institution	PAC	Individual	Business	Other				
20160801000268950 4/5 \$.00 Shelby Cnty Judge of Probate, AL 08/01/2016 10:10:39 AM FILED/CERT																	
A large diagonal line from the top-left to the bottom-right crosses through the entire body of the form.																	

FORM REVISED 9.2.2011

TOTAL RECEIPTS THIS PAGE

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



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)								DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE		
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging			Transportation	OTHER GIVE BRIEF EXPLANATION
City of Chelsea City of Chelsea	PO Box 111, Chelsea AL 35043										Qualification Fee	7/5/14	10.00
Paul Nef	40 Chelsea Corners, Chelsea AL 35043		X								Fliers	7/22/14	20.71
11	11		X									7/22/14	309.00
CBA						X						7/22/14	20.00
Good Ole Boys BBQ	Hwy 280					X						7/22/14	40.31
Chelsea Coffee House	Chesser Dr					X						7/29/14	33.25
TOTAL EXPENDITURES THIS PAGE											433.27		