

MONTHLY &amp; 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 <b>Scott Weyand</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>Chelsea City Council Place 2</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>398 Chesser Dr Ste 1</b>			
City <b>Chelsea</b>	State <b>AL</b>	ZIP Code <b>35043</b>	Telephone Number <b>[REDACTED]</b>

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

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 **March 6, 2017**.  
 NOTARY PUBLIC STATE OF ALABAMA AT LARGE  
 BOND COMMISSION EXPIRES: **March 6, 2017**  
 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



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



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				
<div style="text-align: center;">20160801000268950 4/5 \$.00 Shelby Cnty Judge of Probate, AL 08/01/2016 10:10:39 AM FILED/CERT</div>																	

TOTAL RECEIPTS THIS PAGE



Scott Weigand

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
<del>City of Chelsea</del> 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	