Print Form

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MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160801000270150 1/5 $.00
Shelby Cnty Judge of Probate, AL
08/01/2016 01:24:26 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Hollie Cost	

Office Sought or Held (include district or circuit number, if applicable)
Mayor of Montevallo

Address ☐ Check box if reporting new address
510 Pineview Road

City	State	ZIP Code	Telephone Number
Montevallo, AL 35115			[redacted]

Type of Report (check one)

☑ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports Month in which the report is filed: August

For Weekly Reports Date of Friday in the week in which the report is filed:

Total Number of Pages in Report: 5

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	875		
2b	Non-itemized cash contributions	2b	0		
2c	Total cash contributions (add lines 2a and 2b)			2c	875
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0		
3b	Non-itemized in-kind contributions	3b	0		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0		
	Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0		
4b	Non-itemized Receipts from Other Sources	4b	0		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	0
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	363		
5b	Non-itemized expenditures	5b	0		
5c	Total expenditures (add lines 5a and 5b)			5c	363
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	512

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.

Hollie Cost — Signature of Candidate or Elected Official

8-1-16 — Date

Sworn to and subscribed before me this 1st day of August of the year 2016. My commission expires the 2nd day of August of the year 2016.

Sandra B Byrd — Signature of Notary Public

Sandra B Byrd — Print Notary's Name

FORM REVISED 10.27.2011

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: Hollie Cost

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
Hollie C Cost	510 Pineview Road, Montevallo, AL 35115		X				7-21-16	100.00
Juliann Campbell	PO Box 94 Westover, AL 35185		X				7-22-16	100.00
Sherrie and Joe Campbell			X				7-25-16	100.00
D. Kristen Gilbert and Gregory Reece	1 Brookewood Drive, Montevallo, AL 35115		X				7-25-16	50.00
Melissa Beck	202 Sleepy Hollow Circle		X				7-29-16	125.00
H G. McGaughy	PO Box 293		X				7-28-16	150.00
Hollie Cost	510 Pineview Road Montevallo, AL 35115		X				7-29-16	100.00
Jane Belcher	101 Heritage Trace Parkway, Montevallo, AL 35115		X				7-30-16	150.00
FORM REVISED 10.27.2011	**TOTAL CASH CONTRIBUTIONS THIS PAGE**							

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: Hollie Cost

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.

CONTRIBUTOR (INCLUDE FULL NAME)	**ADDRESS** (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	**NATURE OF CONTRIBUTION** (CHECK ONE)								**SOURCE** (CHECK ONE)				**DATE CONTRIBUTION RECEIVED** (mo./day/yr.)	**AMOUNT OF CONTRIBUTION**
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														0

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: Hollie Cost

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		
	TOTAL RECEIPTS THIS PAGE											0

FORM REVISED 10.27.2011

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: Hollie Cost

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Type Shop	616 Main Street, Montevallo, AL 35115		X									7-29-16	363.00
	TOTAL EXPENDITURES THIS PAGE												363.00