

THIS AREA FOR OFFICIAL USE ONLY

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160808000280790 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/08/2016 12:02:56 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Tiffany R. Bunt		Political Party/Ballot Affiliation Independent	
Office Sought or Held (include district or circuit number, if applicable) Montevallo City Council District #3			
Address <input type="checkbox"/> Check box if reporting new address 110 Calmont Woods Drive			
City Montevallo	State AL	ZIP Code 35115	Telephone Number [REDACTED]

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ 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

8-5-16**5**

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$48.75
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	110.00	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	110.00	
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	120.85	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	120.85	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$37.90	

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: **Tiffany R. Bunt**
 Date: **8-8-16**

Sworn to and subscribed before me this **8th** day of **August** of the year **2016**. My commission expires the **28th** day of **March** of the year **2020**.

Signature of Notary Public: **Deborah Lynn Horton**

Print Notary's Name: **Deborah Lynn Horton**



NAME OF CANDIDATE OR ELECTED OFFICIAL: Tiffany 12. Bunt

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 <small>(INCLUDE FULL NAME)</small>	ADDRESS <small>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)</small>	SOURCE OF CONTRIBUTION <small>(CHECK ONE)</small>					DATE CONTRIBUTION RECEIVED <small>(mo./day/yr.)</small>	AMOUNT OF CONTRIBUTION
		<small>Business or Corporation</small>	<small>Individual</small>	<small>PAC</small>	<small>Other</small>	<small>Returned</small>		
Sammy Shunnarah	703 Main St. Montevallo 35115		X				8-1-16	\$60.00
David & Tiffany Burt	110 Calmont Woods Dr. Montevallo 35115						8-1-16	\$50.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$110.00

NAME OF CANDIDATE OR ELECTED OFFICIAL: Littany K. Bunt

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: Littany R. Dunn

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	
N/A		Interest	Loan	Other	[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE													

NAME OF CANDIDATE OR ELECTED OFFICIAL: Tiffany R. Bunt

PURPOSE OF EXPENDITURE
(CHECK ONE)

120.85