

MONTHLY & V

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160808000280920 1/3 \$ .00  
Shelby Cnty Judge of Probate, AL  
08/08/2016 12:33:20 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation		
ERNEST MONTGOMERY			
Office Sought or Held (include district or circuit number, if applicable)			
CITY COUNCILMAN			
Address <input type="checkbox"/> Check box if reporting new address			
P.O. Box 347			
City	State	ZIP Code	Telephone Number
CALERA	AL	35040	

## 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

Aug 12, 2016

3

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	371.19
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	150.00
2b	Non-itemized cash contributions	2b	0
2c	Total cash contributions (add lines 2a and 2b)	2c	150.00
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	0.0
3b	Non-itemized in-kind contributions	3b	0.0
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0.0
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0.0
4b	Non-itemized Receipts from Other Sources	4b	0.0
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0.0
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	173.50
5b	Non-itemized expenditures	5b	0.0
5c	Total expenditures (add lines 5a and 5b)	5c	173.50
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	347.69

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.

Ernest Montgomery  
Signature of Candidate or Elected Official  
8-8-16  
Date

Sworn to and subscribed before me this 8th day of Aug of the year 2016. My commission expires the 28th day of March of the year 2022.

Deborah Lynn Horton  
Signature of Notary Public  
Deborah Lynn Horton  
Print Notary's Name



**NAME OF CANDIDATE OR ELECTED OFFICIAL:**

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

[illegible]



**IF CANDIDATE OR ELECTED OFFICIAL:**

**IN/GROUP/BUSINESS  
ING EXPENDITURE  
CLUDE 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**

## 23 Design

115 DAVID GREEN Rd  
205 941-9999. Pelham AL

## Administrative

## Advertising

### Consultants/ Polling

## Charitable Contribution

## Food

## Fundraising

## Loan Repayment

## Lodging

## Transportation

**OTHER**  
**GIVE**  
**BRIEF**  
**EXPLANATION**

~~02/02/02~~

10/12/20



20160808000280920 3/3 \$.00  
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ISED 10.27.2011

TOTAL EXPENDITURES THIS PAGE

173.50