



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160808000281350 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/08/2016 02:27:42 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official HOLLIE C. COST		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR - MONTEVALLO			
Address ☐ Check box if reporting new address 510 PINEVIEW RD			
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

8-12-16

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	512
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	220	
2b	Non-itemized cash contributions	2b	0	
2c	Total cash contributions (add lines 2a and 2b)	2c	220	
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	699.23	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	699.23	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	32.77	

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: **Hollie Cost**
 Date: **8-8-16**

Sworn to and subscribed before me this **8** day of **August** of the year **2016**. My commission expires the **11th** day of **April** of the year **2017**.

Signature of Notary Public: **Iva Krakowski**

Print Notary's Name: **Iva Krakowski**
 Notary Public, State of Alabama
 County of Shelby
 My Commission Expires
 April 16, 2017

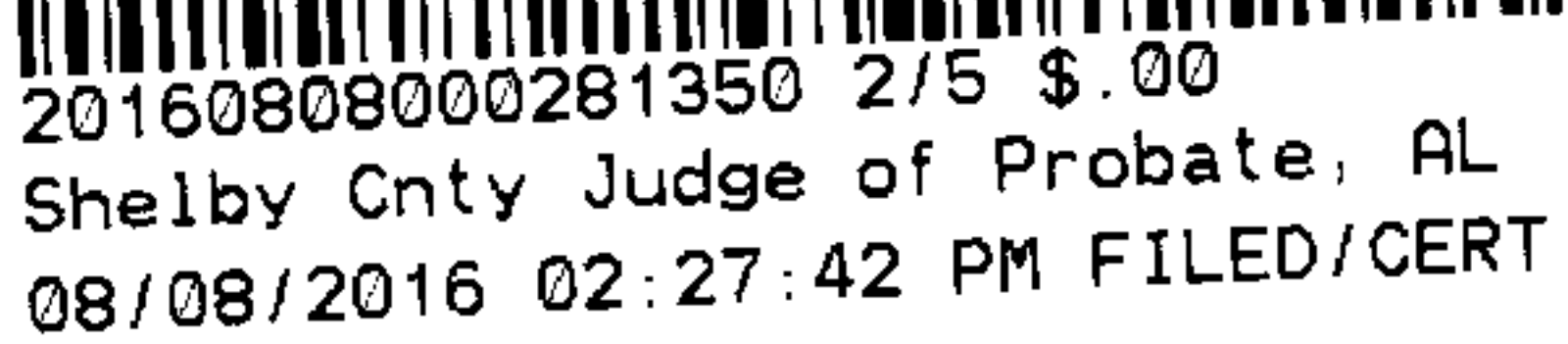
FORM 2: Contributions received by candidate or elected official



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

FORM REVISED 10.27.2011

TOTAL CASH CONTRIBUTIONS THIS PAGE



NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLLE C. COST

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings

[illegible]

20160808000281350 3/5 \$.00
Shelby Cnty Judge of Probate, AL
08/08/2016 02:27:42 PM FILED/CERT

NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLLIFIELD, C. POST

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

[illegible]

FORM REVISED 10.27.2011

TOTAL RECEIPTS THIS PAGE

 $\emptyset$ 

NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLLE C. COST

20160808000281350 5/5 \$.00
Shelby Cnty Judge of Probate, AL
08/08/2016 02:27:42 PM FILED/CERT

[illegible]