

MONTHLY &amp; WEEKLY


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160808000281850 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
08/08/2016 03:51:56 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Jamia Alexander-Williams</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>Alabaster City Council - Ward 5</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>412 Cornwall</b>			
City <b>Maylene, AL</b>	State <b>35114</b>	ZIP Code	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.

## For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

08/05/2016

5

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$1,584.50
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	\$0.00
2b	Non-itemized cash contributions	2b	\$0.00
2c	Total cash contributions (add lines 2a and 2b)	2c	\$0.00
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00
3b	Non-itemized in-kind contributions	3b	\$0.00
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$0.00
4b	Non-itemized Receipts from Other Sources	4b	\$0.00
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	\$0.00
5b	Non-itemized expenditures	5b	\$315.59
5c	Total expenditures (add lines 5a and 5b)	5c	\$315.59
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$1,268.91

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]*  
Signature of Candidate or Elected Official

Aug 7, 2016  
Date

Sworn to and subscribed before me this 7 day of August of the year 2016. My commission expires the 20 day of March of the year 2019.

*[Signature]*  
Signature of Notary Public

Rachel L. Machovec  
Print Notary's Name





**Jamia Alexander-Williams**

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.

[illegible]



# FORM 3: In-Kind Contributions received by candidate or elected official



**NAME OF CANDIDATE OR ELECTED OFFICIAL:** Jamia Alexander-Williams

**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:** Jamia Alexander-Williams

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.

[illegible]



**NAME OF CANDIDATE OR ELECTED OFFICIAL:** Jamia Alexander-Williams

**PURPOSE OF EXPENDITURE**  
(CHECK ONE)

**ADDRESS**  
(ADDRESS SHOULD INCLUDE  
STREET OR P.O. BOX, CITY, STATE, AND ZIP)

Administrative
Advertising
Consultants/ Polling
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

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

**DATE OF  
EXPENDITURE**  
(mo./day/yr.)

**AMOUNT  
OF  
EXPENDITURE**



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FORM REVISED 10.27.2011

**TOTAL EXPENDITURES THIS PAGE**