

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160808000281910 1/5 \$.00
 Shelby Cnty Judge of Probate, AL
 08/08/2016 04:06:18 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Kerri Pate		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Alabaster City Council Ward 7 Candidate			
Address ☐ Check box if reporting new address 3000 N Grande View Cv			
City Maylene	State AL	ZIP Code 35114	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

08/12/2016

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	1380.36
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	500.00	
2b	Non-itemized cash contributions	2b	125.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	2005.36	
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	1237.88	
5b	Non-itemized expenditures	5b	1.27	
5c	Total expenditures (add lines 5a and 5b)	5c	1239.15	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	766.21	

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.

Amanda N. Gordin 08-08-16
 Signature of Candidate or Elected Official 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 2020.

Deborah Lynn Horton
 Signature of Notary Public

Deborah Lynn Horton
 Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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		
Julie Cain	133 Big Oak Dr, Maylene AL 35114		X				08/01/2016	50.00
Melissa & Boone Scroggins	291 Grande View Pkwy, Maylene AL 35114		X				08/01/2016	100.00
Don Walker Jr	147 Moores Spring Rd, Montevallo AL 35115	X					08/01/2016	25.00
PICK-IT	5 Country Hills Rd, Montevallo AL 35115	X					08/01/2016	75.00
Dynamic Civil Solutions	2210 2nd Ave North, Birmingham AL 35203	X					08/02/2016	250.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								500.00



20160808000281910 2/5 \$.00
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FORM REVISED 10.27.2011

NAME OF CANDIDATE OR ELECTED OFFICIAL: Kerri Pate

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: Kerri Pate

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
Jenna Mitchell	170 Scarlet Oak Dr, Maylene AL 35114		X									07/31/2016	15.00
Master Image Inc	PO Box 59056, Birmingham AL 35259			X								08/02/2016	966.13
Kona Ice	1520 Simmsville Rd, Alabaster AL 35007					X						08/02/2016	125.00
Inviting You Designs	713 Olde Town Cir, Alabaster AL 35007		X									08/01/2016	54.50
Inviting You Designs	713 Olde Town Cir, Alabaster AL 35007		X									08/05/2016	27.25
Thompson High School Football	100 Warrior Dr, Alabaster AL 35007		X									08/06/2016	50.00
TOTAL EXPENDITURES THIS PAGE												1237.88	

FORM REVISED 10.27.2011