

MONTHLY &amp; WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official  
Campaign Finance Report  
SUMMARY FORM 1



20160815000289340 1/2 \$.00  
Shelby Cnty Judge of Probate, AL  
08/15/2016 08:32:10 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Philip Busby</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>City Council</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>338 Savannah Cir</i>			
City <i>Calera</i>	State <i>AL</i>	ZIP Code <i>35040</i>	Telephone Number <i>[REDACTED]</i>

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

*8-15-16*

*2*

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>1116.11</i>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c		
<b>In-Kind Contributions</b>				
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		
<b>Receipts from Other Sources</b>				
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		
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<i>15.26</i>	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		<i>1100.85</i>

**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.

*Philip Busby* *8-16-15*  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this *15th* 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 5: Expenditures by candidate or elected official

**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	Contract Value	Contract Period	Contract Description
1			
2			
3			
4			
5			
6			
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## Contribution

Food

## Fundraising

Loan  
Repayment

### Lodging

Transportation

OTHER  
GIVE  
BRIEF  
EXPLANATION

Dollar Store  
Tree  
1991

225 Supercenter Dr  
Oklahoma A1



Billions  
For  
Campaign

8/14/16

15.26



20160815000289340 2/2 \$.00  
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TOTAL EXPENDITURES THIS PAGE

15.26