

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Print Form

THIS AREA FOR OFFICIAL USE ONLY



20160815000291040 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/15/2016 01:57:58 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 <input type="checkbox"/> Check box if reporting new address 510 PINEVIEW RD			
City MONTEVALLO	State AL	ZIP Code 35115	Telephone Number

Type of Report (check one)

☐ Monthly☐ Amended Monthly☒ Weekly☒ Amended WeeklyFor 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.

Hollie Cost 8-15-16
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 15th day of August of the year 2016. My commission expires the 26th day of August of the year 2017.

Sandra B Byrd
Signature of Notary Public

Sandra B Byrd
Print Notary's Name

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLLIF C COST



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		
HOLLIF COST	510 F. NEWBLE RD MONTGOMERY, AL 35115		<input checked="" type="checkbox"/>				8-8-16	150-
HOLLIF COST	510 F. NEWBLE RD MONTGOMERY, AL 35115		<input checked="" type="checkbox"/>				8-5-16	70
TOTAL CASH CONTRIBUTIONS THIS PAGE							220,00	

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]

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

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NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLLIFIELD, COST

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

[illegible]

FORM 5: Expenditures by candidate or elected officialNAME OF CANDIDATE OR ELECTED OFFICIAL: HOLLIE C. COST

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
WINN WINN PART	112 Welch Davis Dr. Birmingham AL 35209		✓								8-7-16	691.60	
FOHO WORKS	635 Morris Street Montevallo AL 35115										photo	8-3-16	7.63
TOTAL EXPENDITURES THIS PAGE												699.23	

FORM REVISED 10.27.2011

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