

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160815000291050 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/15/2016 01:57:59 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

Type of Report (check one)

- ☐ Monthly
☒ Weekly
☐ Amended Monthly
☐ 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

8-19-16

5

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 32.77
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 100.00	
2b	Non-itemized cash contributions	2b 0	
2c	Total cash contributions (add lines 2a and 2b)		2c 100.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	
3b	Non-itemized in-kind contributions	3b 32.00	
3c	Total in-kind contributions (add lines 3a and 3b)	3c 32.00	
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 100.00	
5b	Non-itemized expenditures	5b 0	
5c	Total expenditures (add lines 5a and 5b)		5c 100.00
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
8-15-16

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.

Signature of Notary Public
Sandra B Byrd

Print Notary's Name
Sandra B Byrd

NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLCIS C COST

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

[illegible]

NAME OF CANDIDATE OR ELECTED OFFICIAL:

HOLLIE 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 cash or loans on this form. Use Forms 2 and 4 for those listings.

[illegible]

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NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLLIFIELD

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]

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TOTAL RECEIPTS THIS PAGE

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NAME OF CANDIDATE OR ELECTED OFFICIAL: HOLLIE C. COSS

FORM REVISED 10.27.2011

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