



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160815000291120 1/3 \$.00
Shelby Cnty Judge of Probate, AL
08/15/2016 02:52:39 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Eldon E. Green Jr. "Don"		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) City of Pelham Council - Place 2			
Address ☐ Check box if reporting new address 2749 Wellington Drive			
City Pelham	State Alabama	ZIP Code 35124	Telephone Number [REDACTED]

Type of Report (check one)

☐ Monthly
☒ Weekly

☐ Amended Monthly
☐ Amended Weekly

For Monthly Reports
Month in which the report is filed.**6/10**For Weekly Reports
Date of Friday in the week in which the report is filed.**8/19**

Total Number of Pages in Report

4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	275.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	205
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	275.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	413.32
3b	Non-itemized in-kind contributions	3b	20.-
3c	Total in-kind contributions (add lines 3a and 3b)	3c	433.32
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	683.32
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	683.32
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	25.00

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.

Eldon E. Green Jr.
Signature of Candidate or Elected Official

Date

Sworn to and subscribed before me this **15** day of **August** of the year **2016**. My commission expires the **6** day of **April** of the year **2020**.

Robin H. Wilkinson
Signature of Notary Public

Robin H. Wilkinson
Print Notary's Name

MY COMMISSION EXPIRES APRIL 6, 2020

**FORM 5: Expenditures** by candidate or elected officialNAME OF CANDIDATE OR ELECTED OFFICIAL: Eldon Green, Jr. "Don"

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		
Signs On The Cheap.com	1666 661-9239 Signs On The Cheap.com		X								Signs	6/27/16	310.16
Petes Printings	1615 Montgomery Hwy Hobbes, AL 35226		X								Cards	7/15/16	20.00
Petes Print	1615 Montgomery Hwy Hobbes, AL 35226										Signs Posters	8/12/16	353.16
TOTAL EXPENDITURES THIS PAGE												390.16	

FORM REVISED 10/27/2011

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683.32

**FORM 2: Contributions received by candidate or elected official**NAME OF CANDIDATE OR ELECTED OFFICIAL: Eldon F. Green, Sr. "Don"

When total contributions from a single source exceed \$100.00, the FCRA 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
P.S. Sisk Management's Consultants	1108 Royal Chase Drive Pelham	☒					7/16/16	100.00
Kathy Green	2749 Wellington Dr Pelham	☒					7/13/16	100.00
Don M. Harris	3 Bentail Lane Pelham, AL 35091	☒					8/6/16	75.00
TOTAL CASH CONTRIBUTIONS THIS PAGE							275.00	

FORM REVISED 10.27.2011

20160815000291120 3/3 \$.00
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