

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

FILED IN OFFICE
PROBATE COURT

JUL 27 2016

ALAN L. KING
Judge of Probate

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

20160819000298860 1/6 \$.00
Shelby Cnty Judge of Probate, AL
08/19/2016 12:06:58 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official David Miller		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Mayor Leeds			
Address <input type="checkbox"/> Check box if reporting new address P O BOX 934			
City Leeds	State AL	ZIP Code 35094	Telephone Number

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

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	562.54
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	750.00	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	750.00	
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	0	
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	0	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	517.00	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	795.50	

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 **David Miller** Date **7/27/16**

Sworn to and subscribed before me this **22nd** day of **July** of the year **2016**. My commission expires the **27th** day of **July** of the year **2018**.

Signature of Notary Public **Rita L. Cooner**
Print Notary's Name **Rita L. Cooner**

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



FORM 2: Contributions received by candidate or elected official

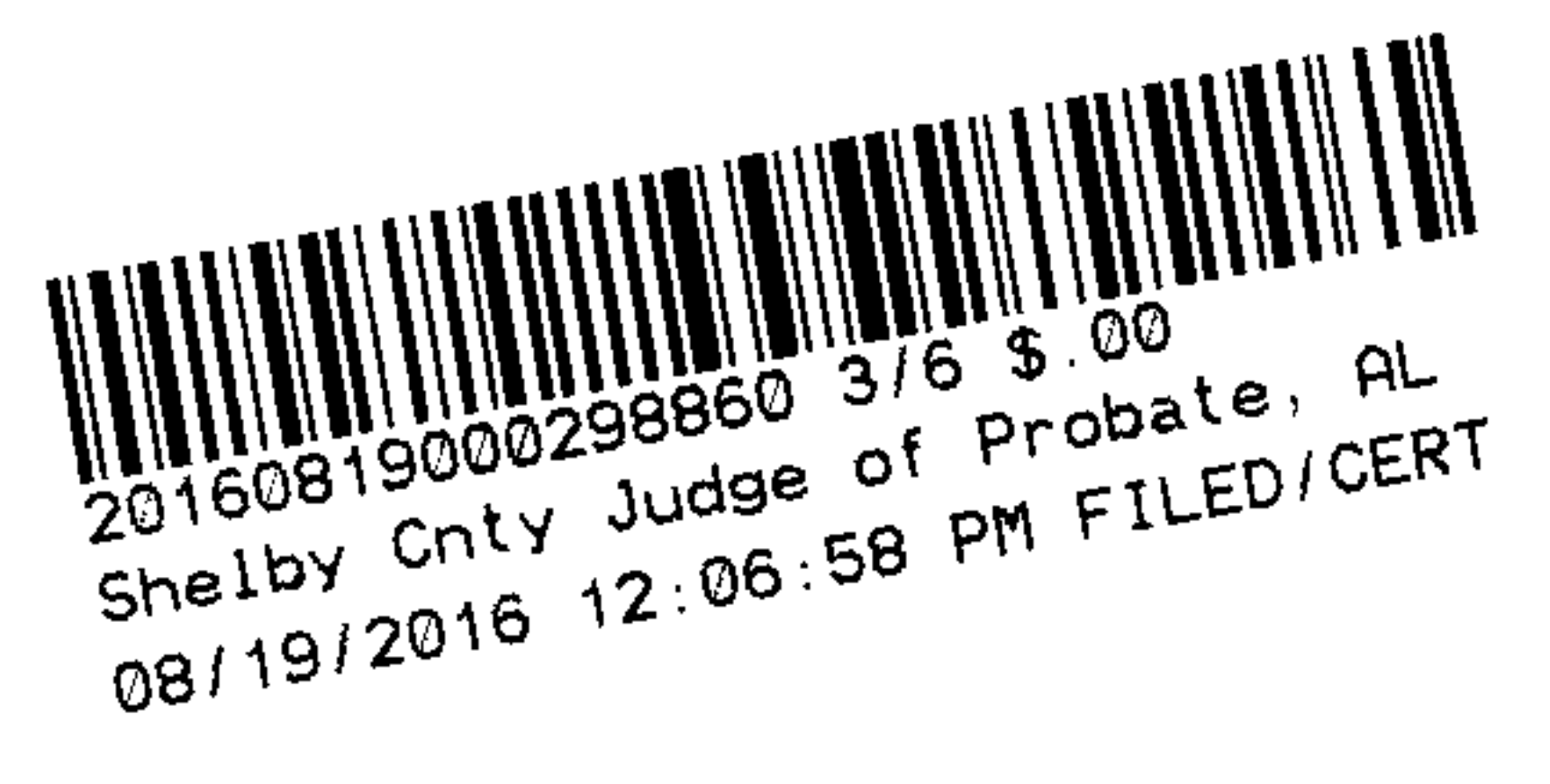
NAME OF CANDIDATE OR ELECTED OFFICIAL: David M. Wer

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			
C.G.I. Engineering	3529 VANN RD Suite 105 Birmingham AL 35235	<input checked="" type="checkbox"/>						7/22/16	250.00
VERNON SCHMITT	2308 MONTEVALLO RD WEEKS AL 35094		<input checked="" type="checkbox"/>					7/19/16	500.00
TOTAL CASH CONTRIBUTIONS THIS PAGE									750.00

FORM REVISED 9.2.2011

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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from Other Sources loans, interest, and other sources of incomeNAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

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.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)						DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE													0

FORM REVISED 9.2.2011

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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

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	Contribution	Food	Fundraising	Loan	Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	
C.A.S.T.														
C.A.S.T.	8116 PARKWAY LEEDS AL 35094		✓										7/22/16	292.00
C.A.S.T.	"		✓										7/18/16	225.00
TOTAL EXPENDITURES THIS PAGE														517.00

FORM REVISED 9.2.2011

Amendments:

NOTE: 1. Amend previous Report to show ADDRESS OF C.A.S.T. (Central Alabama Signer Trophy) AS ABOVE.

2. ALSO Amend Previous Report to show my address on Form 5 AS 7011 Briarwood LN Leeds, AL 35094

3. Expenditures on previous Report of \$262.50 to me as Reimbursement are ITEMIZED AS FOLLOWS: 6/29 ~~\$182.50~~ ^{\$182.50} TO C.A.S.T. check # 6640
7/15 \$ 30.00 TO CITY OF LEEDS campaign sign fee
7/15 \$ 50.00 TO city of Leeds qualification

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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



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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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
		TOTAL EXPENDITURES THIS PAGE											

FORM REVISED 9.2.2011

