

WEEKLY & MONTHLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

FILED IN OFFICE
PROBATE COURT

JUL 18 2016

MAKING
Judge of Probate

E.O.D.

THIS AREA FOR OFFICIAL USE ONLY

Political Action Committee Campaign Finance Report SUMMARY FORM 1



20160819000298880 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/19/2016 12:07:00 PM FILED/CERT

Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization) DAVID MILLER FOR MAYOR		Acronym for PAC	
Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address PO BOX 934			
City Leeds	State AL	ZIP Code 35094	Telephone Number [REDACTED]

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month in which the
report is filed.

July

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 0.04
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	
2b	Non-itemized cash contributions	2b	
2c	Non-itemized employee payroll contributions	2c	
2d	Total cash contributions (add lines 2a, 2b, and 2c)	2d	1000.00
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	Total itemized receipts from other sources (total from Form 4)	4a	
4b	Total non-itemized receipts from other sources	4b	0
4c	Total receipts from other sources (total from Form 4)	4c	0
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	437.50
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	437.50
6	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	6	562.54

Sworn to and subscribed before me this **15th** day of **July** of the year **2016**. My commission expires the **27th** day of **July** of the year **2018**.

Rita L. Cooner
Signature of Notary Public
Rita L. Cooner
Printed Name of Notary Public

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]
Signature of Chairperson or Treasurer of Political Committee
7/19/16
Date

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



FORM 2: Contributions received by candidate or elected official

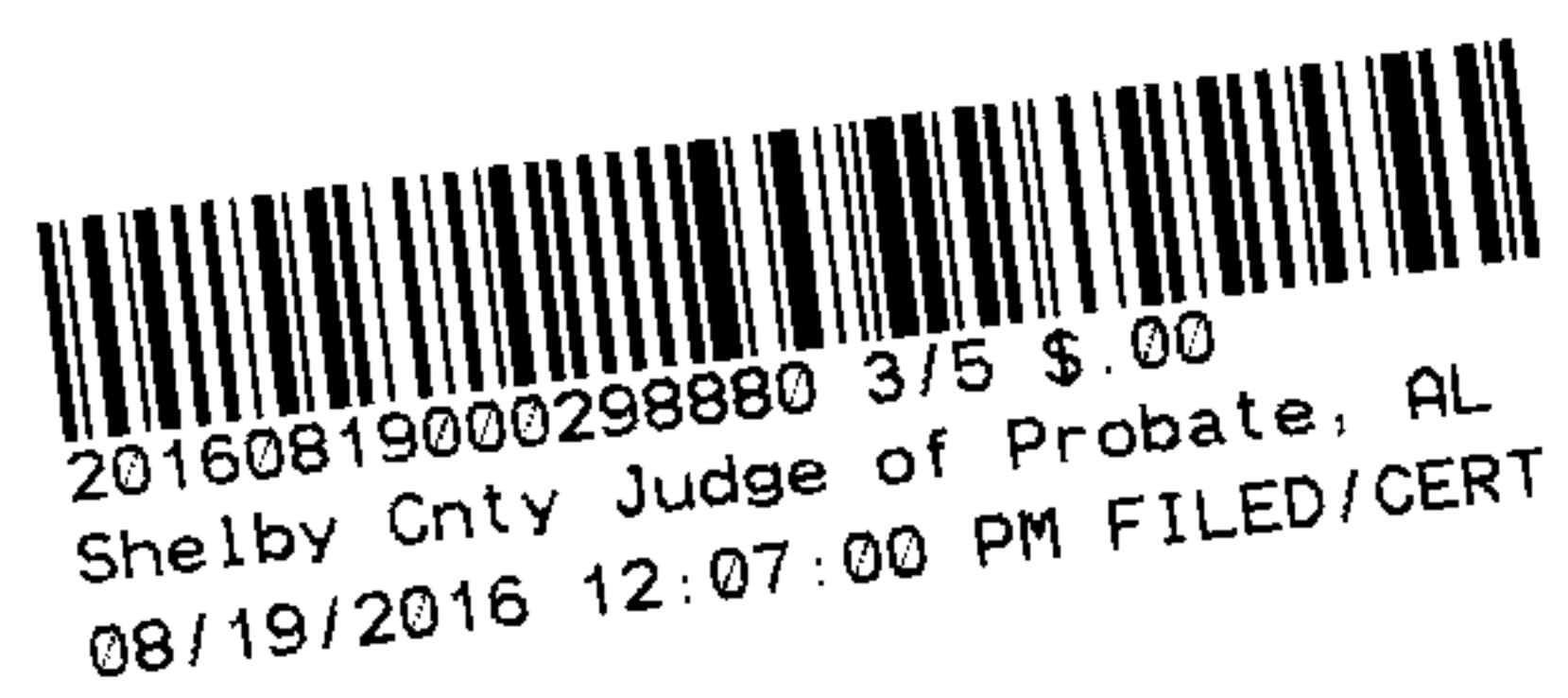
NAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST 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		
BBS LAW FIRM	8020 PARKWAY DR Leeds AL 35094	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7/5/16	1000.00
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TOTAL CASH CONTRIBUTIONS THIS PAGE							1000.00	

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 income



NAME 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				
FORM REVISED 9.2.2011													TOTAL RECEIPTS THIS PAGE	0

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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		
<u>C.H.B.M.</u>			<input checked="" type="checkbox"/>											<u>7/15/16</u>	<u>175.00</u>
<u>C.H.S.T.</u>			<input checked="" type="checkbox"/>											<u>7/15/16</u>	<u>175.00</u>
<u>David Miller</u>		<input checked="" type="checkbox"/>											<u>Reimburse</u> <u>\$1,250.00</u>	<u>7/15/16</u>	<u>2,625.00</u>
TOTAL EXPENDITURES THIS PAGE															<u>437.50</u>

FORM REVISED 9.2.2011



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