

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160819000299190 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/19/2016 01:29:05 PM FILED/CERT

Please Print in Ink or Type.

AUG 10 2016

Name of Candidate or Elected Official David Miller		Political Party/Committee Affiliation ALAN L. KING Judge of Probate	
Office Sought or Held (Include district or circuit number, if applicable) Mayor		E.D.D.	
Address <input type="checkbox"/> Check box if reporting new address P O 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.

Aug

For Weekly Reports
Date of Friday in the week in which the report is filed.

8/5/16

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	795.50
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	500.00
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	500.00
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	250.00
5b	Non-itemized expenditures	5b	0
5c	Total expenditures (add lines 5a and 5b)	5c	250.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1045.50

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 **[Signature]** Date **8/5/16**

Sworn to and subscribed before me this **5th** day of **August** 2016. My commission expires **July** of the year **2018**.

Signature of Notary Public **[Signature]**
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 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		
Royce INGRAM III dba Perfection Home improvement	1550 MARKET ASPUR RD MOODY AL 35004	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7/26/16	500.00
		<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								

FORM REVISED 9.2.2011



20160819000299190 2/5 \$.00
Shelby Cnty Judge of Probate, AL
08/19/2016 01:29:05 PM FILED/CERT

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

FORM 3: In-Kind Contributions received by candidate or elected officialNAME 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 loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
FORM REVISED 9.2.2011	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															0		



20160819000299190 3/5 \$.00
Shelby Cnty Judge of Probate, AL
08/19/2016 01:29:05 PM FILED/CERT

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

FORM 5: Expenditures by candidate or elected officialNAME 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. SCOTT BOWDEN	8118 Parkway Dr Leeds AL 35894	<input checked="" type="checkbox"/>										9/1/16	250.00
TOTAL EXPENDITURES THIS PAGE													

FORM REVISED 9.2.2011



20160819000299190 5/5 \$.00
 Shelby Cnty Judge of Probate, AL
 08/19/2016 01:29:05 PM FILED/CERT