County Division Code: AL040 Inst. # 2016081461 Pages: 1 of 5 I certify this instrument filed on: 8/10/2016 2:05 PM

Doc: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Clerk: NICOLE



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20160819000299500 1/5 \$.00 Shelby Cnty Judge of Probate, AL 08/19/2016 02:24:32 PM FILED/CERT

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly Dr. Casey W. Middlebrooks N/A Amended Weekly Weekly Office Sought or Held (include district or circuit number, if applicable) Hoover City Council Place 6 For Monthly Reports Month in which the report is filed. 2395 Abbeyglen Cir For Weekly Reports Date of Friday in the Telephone Number City State ZIP Code 08/12/2016 week in which the 35226 Hoover AL report is filed. **Total Number of** Pages in Report

S	ummary of activity since last filed report				
. 1	Beginning balance (ending balance from previous filing)			1	\$351.69
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$900.00]	
2b	Non-itemized cash contributions	2b	\$0.00	<u> </u>	
2c	Total cash contributions (add lines 2a and 2b)			2c	\$900.00
	In-Kind Contributions			_	
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00		
3b	Non-itemized in-kind contributions	3b	\$0.00		
3c	Total in-kind contributions (add lines 3a and 3b)	3с	\$0.00] :	
7.7	Receipts from Other Sources	·		-	
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$0.00)	
4b	Non-itemized Receipts from Other Sources	4b	\$0.00]	
4c	Total receipts from other sources (add lines 4a and 4b)	;•		4c	\$0.00
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$50.00]	
5b	Non-itemized expenditures	5b	\$0.00		
5c	Total expenditures (add lines 5a and 5b)			5c	\$50.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	\$1,201.69

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

My Commission Expires
April 30, 2020

Sworn to and subscribed before me this day of
of the year <u>3010</u> My commission expires
the 30 day of Opice of the year 7000.
Lauren Audulette Codus
Signature of Notary Public
Lauren Andelette Cooley
Print Notary's Name

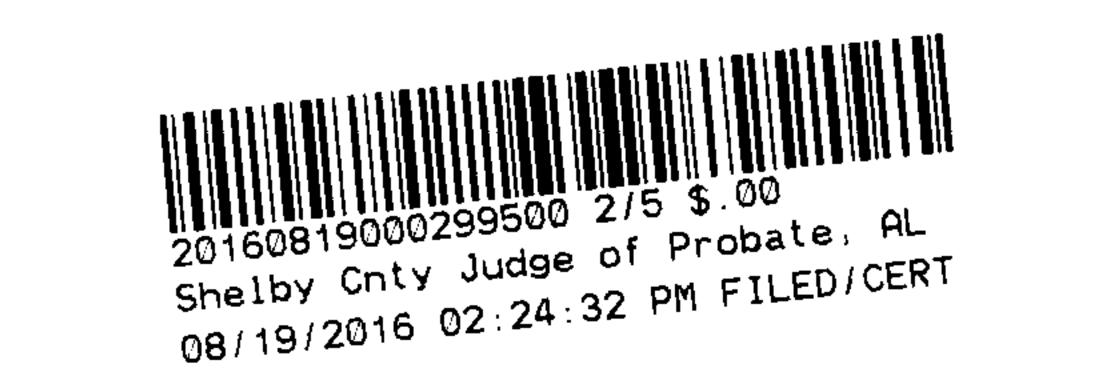
ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Dr. Casey W. Middlebrooks



CONTRIBUTOR	ADDRESS	0	F CO		CE BUT ONE)		DATE	
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
Adams and Reese LLP	1901 6th Ave N, Birmingham, AL 35203	×					08/01/2016	\$500.0
Steve Lawrence	4000 Greenside Terrace, Hoover, AL 35226		×				08/02/2016	\$250.0
Dan Fulton	1440 Alford Ave, Hoover, AL 35226		×				08/02/2016	\$150.0
·								
								·
EVISED 10.27,2011	TOTAL CASH C	ONTR	BU	TIC	NS	TH	IS PAGE	\$900.0

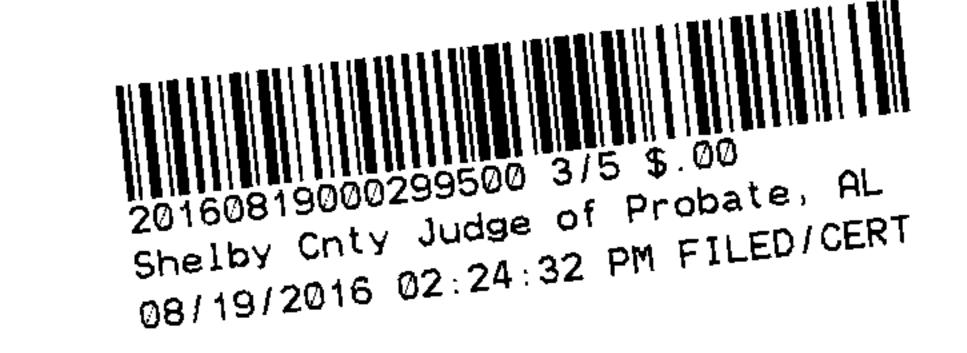


ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ÉLECTED OFFICIAL: Dr. Casey W. Middlebrooks

When total	contributions from a single source exceed \$100.0 DO NOT LIST cash or loans on this												ource	e to be itemized.	· · · · · · · · · · · · · · · · · · ·
				URE (ONT! K ONE		TION	1	SOURCE (CHECK ONE)					
(INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
															·
											-				-
												· · · · · · · · · · · · · · · · · · ·			
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE											IS PAGE				



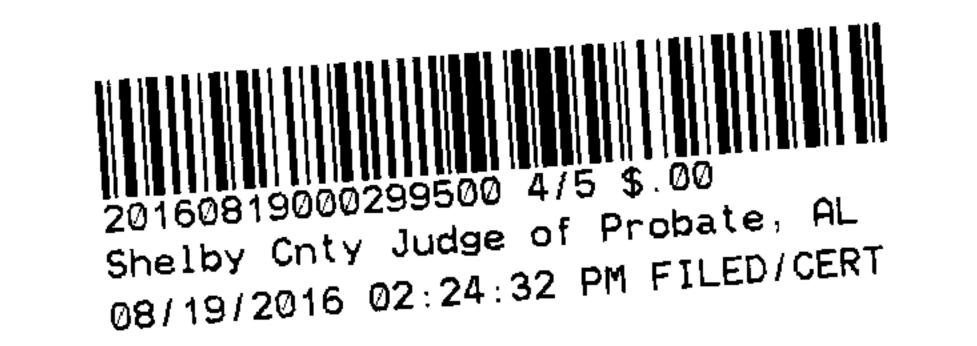
ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from Other Sources loans, interest, and other sources of income



NAME OF CANDIDATE OR ELECTED OFFICIAL: Dr. Casey W. Middlebrooks

When total	contributions from a single source	exce	ed \$	100.	00, the FCPA requires all contributions from	m tha	t sou	ırce	to be	e iter	nized.		
DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.													
•	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX,	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RI	CH!	PT SO				•	
SOURCE OF RECEIPT (INCLUDE FULL NAME)		Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
					· · · · · · · · · · · · · · · · · · ·								
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FORM REVISED 10.27.2011	TOTAL RECEIPTS THIS PAGE												



County Division Code: AL040 Inst. # 2016081461 Pages: 5 of 5

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: Dr. Casey W. Middlebrooks



When total expenditures to a single recipient exceed \$100:00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS **ADDRESS DATE OF AMOUNT** OTHER (ADDRESS SHOULD INCLUDE Fundraising Loan Repayment Lodging OF EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) GIVE (mo./day/yr.) EXPENDITURE (INCLUDE FULL NAME) BRIEF **EXPLANATION** Shelby County Newspapers Aug 4, 2016 P.O. Box 2080, Selma, AL 36702 \$50.00 TOTAL EXPENDITURES THIS PAGE \$50.00 FORM REVISED 10.27.2011

