

Print Form

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY



20160819000299980 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/19/2016 03:28:05 PM FILED/CERT

Please Print In Ink or Type.

Name of Candidate or Elected Official Paul Hend		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) City Council Vestavia Hills			
Address ☐ Check box if reporting new address 2120 Fox Valley Circle			
City Vestavia Hills	State AL	ZIP Code 35216	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month in which the
report is filed.

7/31/16

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

Total Number of
Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	0
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	1300.00	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	1300.00	
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		
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		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	1353.54	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	1353.54	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	(53.54)	

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 **8/1/16**

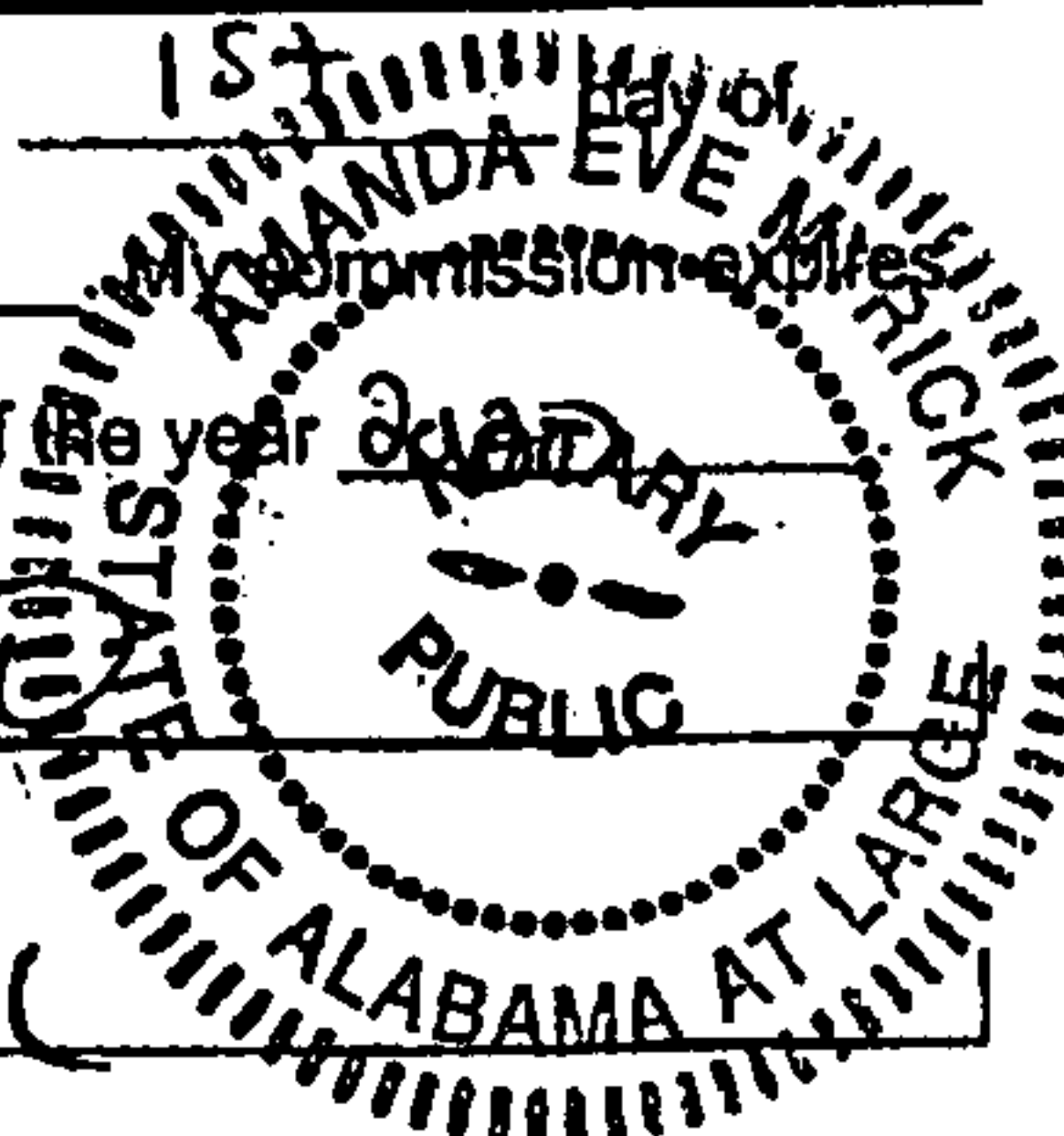
Sworn to and subscribed before me this

August of the year **2016**

the **15th** day of **Feb.** of the year **2016**

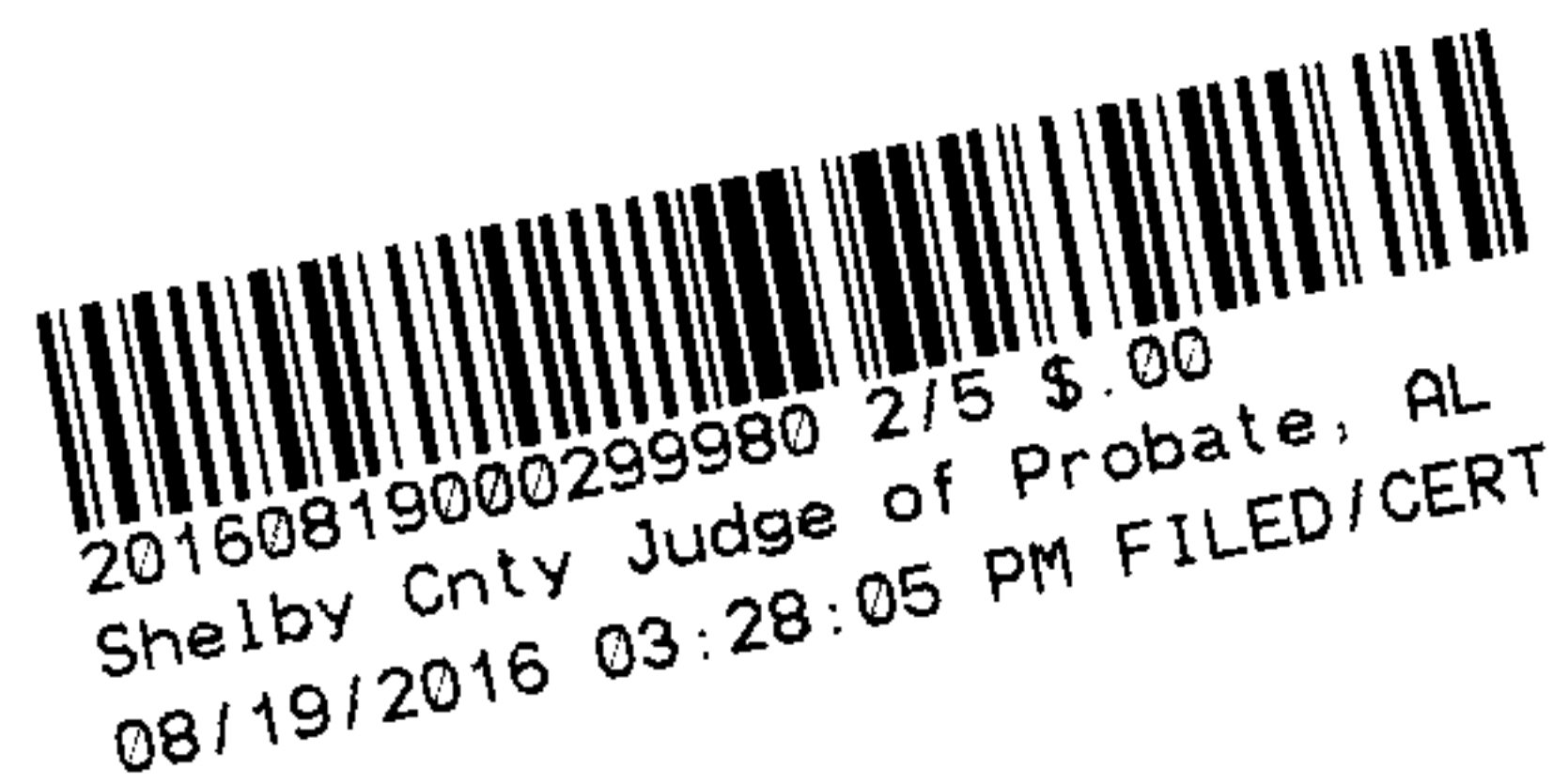
Signature of Notary Public **[Signature]**

Print Notary's Name **Amanda Eve Myrick**



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.

FORM REVISED 10.27.2011



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.

FORM REVISED 10.27.2011



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