

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

20160819000300300 1/3 \$.00
Shelby Cnty Judge of Probate, AL
08/19/2016 03:51:40 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official DeVoris Bascha Bagland Pierce		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 291			
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

8/12/16

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	4930.41
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	650.00
2b	Non-itemized cash contributions	2b	100.00
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	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	400.31
5b	Non-itemized expenditures	5b	232.40
5c	Total expenditures (add lines 5a and 5b)	5c	632.71
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	5,047.70

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.

DeVoris Bascha Bagland Pierce **8/15/16**
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **15** day of **August** of the year **2016**. My commission expires the **25** day of **June** of the year **2017**.

Alan Claud Clifton
Signature of Notary Public
Alan Claud Clifton
Print Notary's Name

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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: Devoris Roseha Ragland Pierce

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		
Norton Florist		✓										8/9/16	76.95
Phylecia Ragland			✓									8/11/16	50.00
Guadalajara						✓						8/13/16	200.67
Logans						✓						8/14/16	49.23
Full Moon						✓						8/12/16	17.14
Flex Digital		✓										8/9/16	199.64
Shell	250 Green Springs Hwy									✓	Transportation to canvassing area.	8/5/16	39.08
TOTAL EXPENDITURES THIS PAGE													632.71

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: Debris Roscha Ragland-Pierce

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		
Therapeutic Specialist	P.O. BOX 504 Leeds, AL 35094	✓					8/11/16	250.00
Edmund & Patricia Phillips	537 Forest Dr. Leeds, AL 35094		✓				8/11/16	100.00
W. Allen Smith, PhD	6537 Lynn Ave Leeds AL 35094	✓					8/11/16	150.00
John F. Saddler Agencies	832 Green Springs Hwy Bham, AL 35209	✓					8/11/16	250.00

FORM REVISED 9.2.2011

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