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Shelby Cnty Judge of Probate: AL  
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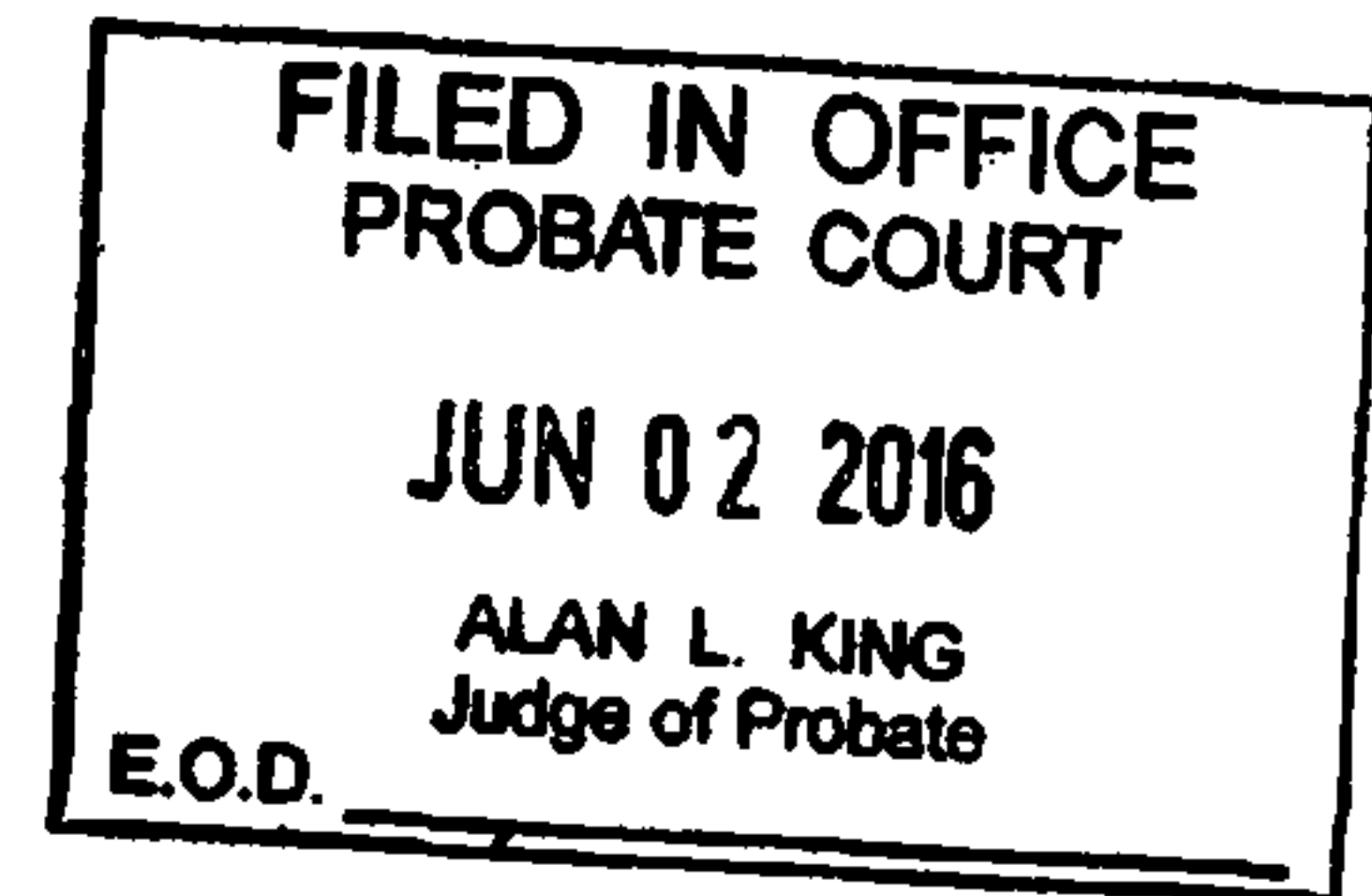
Print-Form

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type.

Name of Candidate or Elected Official Dr. Casey W. Middlebrooks		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council Place 6			
Address <input type="checkbox"/> Check box if reporting new address 2395 Abbeyglen Cir			
City Hoover	State AL	ZIP Code 35226	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly  
☐ Weekly ☐ Amended Weekly

For Monthly Reports  
Month in which the  
report is filed.

May

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	\$226.68
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	\$400.00	
2b	Non-itemized cash contributions	2b	\$75.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$475.00	
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	\$450.00	
3b	Non-itemized in-kind contributions	3b	\$0.00	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$450.00	
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$0.00	
4b	Non-itemized Receipts from Other Sources	4b	\$33.11	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$33.11	
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	\$381.44	
5b	Non-itemized expenditures	5b	\$33.11	
5c	Total expenditures (add lines 5a and 5b)	5c	\$414.55	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$320.24	

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: Jun 2, 2016

Sworn to and subscribed before me this 2nd day of June of the year 2016. My commission expires the 30 day of April of the year 2020.

Signature of Notary Public: [Signature]

Print Notary's Name: Lauren Aydelette Cooley



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

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			
John and Sue Irwin	2326 Patton Street, Hoover, AL 35226		X				05/24/2016	\$100.00	
Dan Fulton	1440 Alford Ave, Hoover, AL 35226		X				05/16/2016	\$300.00	
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>									<b>\$400.00</b>

FORM REVISED 10.27.2011



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

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.

FORM REVISED 10.27.2011



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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: Dr. Casey W. Middlebrooks

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		
TOTAL RECEIPTS THIS PAGE												



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

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER  GIVE BRIEF EXPLANATION		
Cajun Cleaver	2341 John Hawkins Pkwy, Hoover, AL 35244					X						05/19/2016	\$102.82
Target	5561 Grove Blvd, Hoover, AL 35226										Meet & Greet Suppl <sup>+</sup>	05/21/2016	\$69.43
Costco	3650 Galleria Cir, Hoover, AL 35244					X						05/21/2016	\$209.19
		<b>TOTAL EXPENDITURES THIS PAGE</b>											<b>\$381.44</b>

FORM REVISED 10.27.2011