

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

OFFICE
PROBATE COURT

AUG 01 2016

ALAN L. KING



20160822000300790 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/22/2016 08:54:37 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Trey D. Lott	Political Party or Affiliation E.O.D.
Office Sought or Held (include district or circuit number, if applicable) HOOVER CITY COUNCIL PLACE 1	
Address <input type="checkbox"/> Check box if reporting new address 2010 Patten Chapel RD SUITE 201	
City HOOVER	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.

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

Total Number of
Pages in Report

7-29-16
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	850.00
2b	Non-itemized cash contributions	2b	0
2c	Total cash contributions (add lines 2a and 2b)	2c	850.00
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	5000.00
4b	Non-itemized Receipts from Other Sources	4b	0
4c	Total receipts from other sources (add lines 4a and 4b)	4c	5000.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	2804.80
5b	Non-itemized expenditures	5b	—
5c	Total expenditures (add lines 5a and 5b)	5c	2804.80
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	3045.20

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 **Trey D. Lott** Date **7-29-16**

Sworn to and subscribed before me this **29th** day of **July** of the year **2016**. My commission expires the **7th** day of **October** of the year **2018**.

Signature of Notary Public **Beverly Sangilanton**
Print Notary's Name **Beverly Sangilanton**



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



NAME OF CANDIDATE OR ELECTED OFFICIAL: TREY D. LOTT

DO NOT LIST unpaid contributions or loans on this form. Use Form 3 and 4 for those items.									
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			
CHARLES AND ANN MCPHERSON		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-1-16	250.00	
PAUL SAIA		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-22-16	250.00	
RUTH AND SCOTT SCHRAM	413 DOVECOTE CIRCLE BIRMINGHAM AL 35244	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-27-16	100.00	
LANCE AND MELISSA HYCHE	4029 MILNER WAY BIRMINGHAM AL 35242	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4-27-16	250.00	
		<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"/>			
TOTAL CASH CONTRIBUTIONS THIS PAGE								850.00	

FORM REVISED 9.2.2011

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: TREY D LOTT

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			
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														

FORM REVISED 9.2.2011

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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: Trey D. Lett

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			
DR TREY D AND LYNN LETT	1011 GREYMOOR RD HOOPER AL 35242		X		DR TREY D & LYNN LETT Personal Loan				X			7-20-16	5000.00
TOTAL RECEIPTS THIS PAGE												5000.00	

NAME OF CANDIDATE OR ELECTED OFFICIAL: Trey D. Lett

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			
CITY OF HOOVER	MUNICIPAL DRIVE HOOVER, AL 35216											QUALIFYING FEE	7-5-16	50.00
ARNES PUBLISHING			X										7-21-16	425.00
CODY HOCT				X									7-21-16	300.00
HC DESIGNS & PROMOS	PO BOX 130748 Birmingham AL 35213		X										7-29-16	2029.80
TOTAL EXPENDITURES THIS PAGE													2804.80	

FORM REVISED 9.2.2011