



Candidate & Elected Official

Campaign Finance Report

SUMMARY FORM 1

20160822000300900 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/22/2016 09:01:11 AM FILED/CERT

Print Form

NLY

FILED IN OFFICE
PROBATE COURT
AUG 02 2016
ALAN L. KING
Judge of Probate
E.O.D.

County Division Code: AL040
Inst. # 2016077353 Pages: 1 of 5
I certify this instrument filed on
8/2/2016 9:10 AM Doc: ELCAPRE
Alan L. King, Judge of Probate
Jefferson County, AL.

Clerk: ALLDREDGEM

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 205-243-5409

Type of Report (check one)

☐ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month in which the
report is filed.

July

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	351.69
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	50.00
2b	Non-itemized cash contributions	2b	0
2c	Total cash contributions (add lines 2a and 2b)	2c	50.00
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	0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	0
5b	Non-itemized expenditures	5b	50.00
5c	Total expenditures (add lines 5a and 5b)	5c	50.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	351.69


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
Date **08/02/2016**

Sworn to and subscribed before me this 2nd day of August of the year 2016. My commission expires the 23rd day of May of the year 2020.


Signature of Notary Public
CHARNEY NASHARN PEAKE
Print Notary's Name

**FORM 2: Contributions** received by candidate or elected officialNAME 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 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		
Deborah Camp	4801 Pinedale Way, Hoover, AL 35226		X				07/23/2016	50.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								50.00

FORM REVISED 10.27.2011


 20160822000300900 2/5 \$.00
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NAME OF CANDIDATE OR ELECTED OFFICIAL: Dr. Casey W. Middlebrooks

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

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					
FORM REVISED 10.27.2011	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															0		



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FORM 4: Receipts from Other Sources loans, interest, and other sources of incomeNAME 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 COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING 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												0	

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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		
						</							



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