

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA



20160822000300930 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/22/2016 09:02:39 AM FILED/CERT

AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED IN OFFICE
PROBATE COURT

AUG 08 2016

ALAN L. KING
Judge of Probate

E.O.D.

County Division Code: AL040
Inst. # 2016080109 Pages: 1 of 5
I certify this instrument filed on
8/8/2016 11:55 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 ROBIN SCHULTZ		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) HOOVER CITY COUNCIL PLACE 7			
Address <input type="checkbox"/> Check box if reporting new address PO BOX 26762			
City HOOVER	State AL	ZIP Code 35260	Telephone Number 205-201-0389

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

 8/5/16

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	620.98
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	<input checked="" type="checkbox"/>
2b	Non-itemized cash contributions	2b	<input checked="" type="checkbox"/>
2c	Total cash contributions (add lines 2a and 2b)	2c	<input checked="" type="checkbox"/>
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	<input checked="" type="checkbox"/>
3b	Non-itemized in-kind contributions	3b	<input checked="" type="checkbox"/>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<input checked="" type="checkbox"/>
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<input checked="" type="checkbox"/>
4b	Non-itemized Receipts from Other Sources	4b	<input checked="" type="checkbox"/>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<input checked="" type="checkbox"/>
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	165.14
5b	Non-itemized expenditures	5b	<input checked="" type="checkbox"/>
5c	Total expenditures (add lines 5a and 5b)	5c	165.14
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	505.84

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

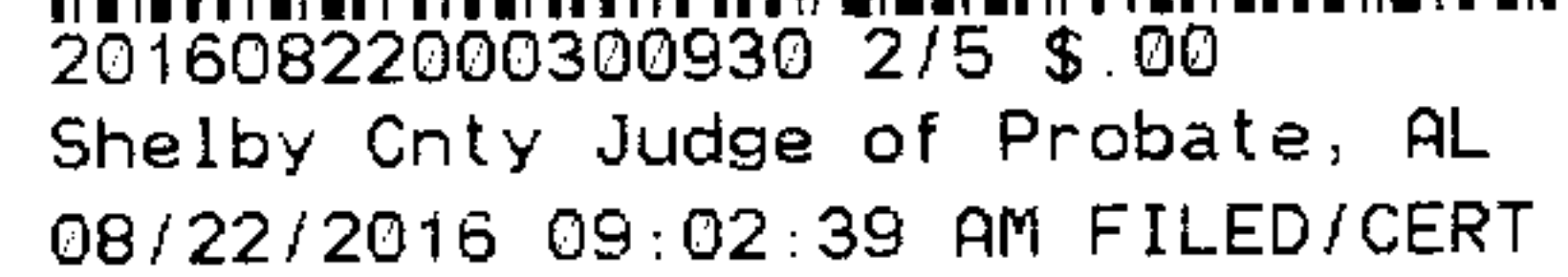
8/8/16

Sworn to and subscribed before me this 8th day of August of the year 2016. My commission expires the 20th day of June of the year 2017.

Signature of Notary Public

Nicholas J. Hayes

Print Notary's Name



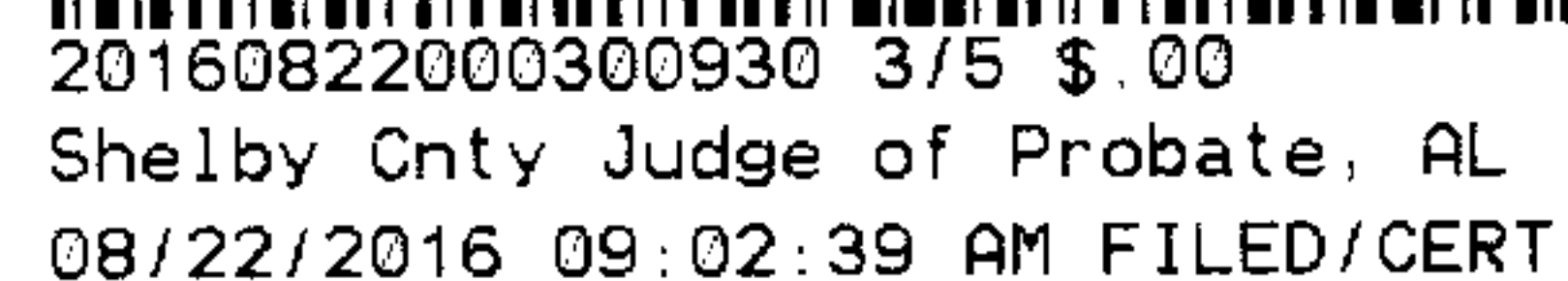
FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: ROBIN SCHULTZ



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.

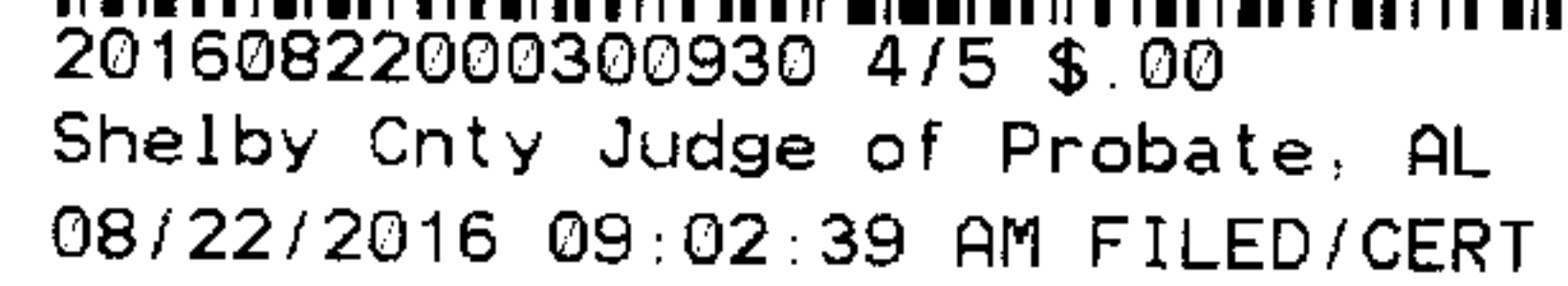
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)						DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned			
		TOTAL CASH CONTRIBUTIONS THIS PAGE							



NAME OF CANDIDATE OR ELECTED OFFICIAL: ROBIN SCHULTZ

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.

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																	0	



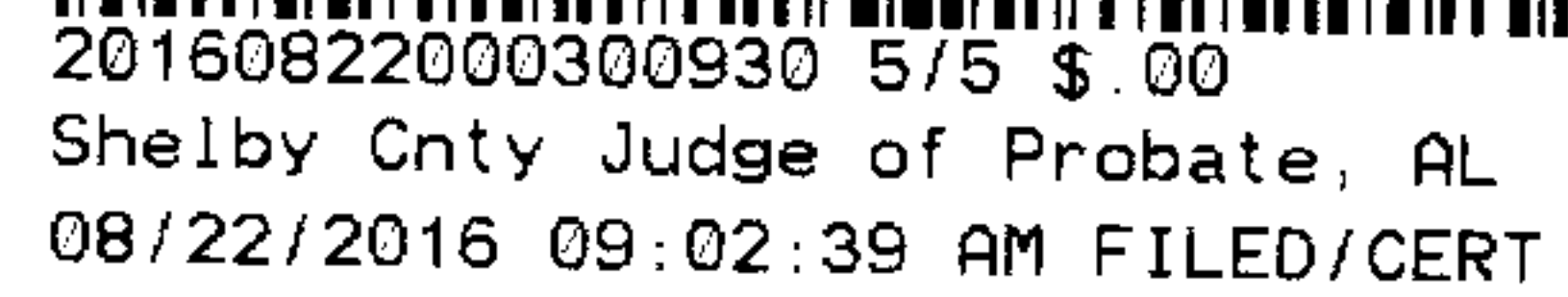
FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: ROBIN SCHULTZ



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													0

FORM REVISED 9.2.2011



NAME OF CANDIDATE OR ELECTED OFFICIAL: ROBIN SCHULTZ

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			
NAME BADGE.COM	1224 SW 53RD ST., STE. 511 COOPER CITY, FL 33330		✓										8/1/16	\$15.14
STARVES PUBLISHING	1833 27TH AV So. HOMEDOOD, AL 35209		✓										8/4/16	\$150.00
TOTAL EXPENDITURES THIS PAGE														\$165.14

FORM REVISED 9.2.2011