County Division Code: AL040 Inst. # 2016083065 Pages: 1 of 5 I certify this instrument filed on: 8/15/2016 10:12 AM

Doc: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Clerk: SKIPWITHH

Print Form

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JUHEEN & WEENLY

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



08/22/2016 09:48:29 AM FILED/CERT

Please Print in Ink or Type. Type of Report (check one) Political Party/Ballot Affiliation Name of Candidate or Elected Official Amended Monthly Monthly Dr. Casey W. Middlebrooks N/A Amended Weekly Weekly Office Sought or Held (include district or circuit number, if applicable) Hoover City Council Place 6 For Monthly Reports Month in which the report is filed. 2395 Abbeyglen Cir For Weekly Reports Date of Friday in the 08/19/2016 ZIP Code Telephone Number City State week in which the 35226 AL Hoover report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) \$1,201.69 **Cash Contributions** Itemized cash contributions (total from Form 2) 2a \$0.00 Non-itemized cash contributions \$0.00 Total cash contributions (add lines 2a and 2b) \$0.00 **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) \$0.00 3a Non-itemized in-kind contributions \$0.00 Total in-kind contributions (add lines 3a and 3b) 3c \$0.00 Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a \$0.00 Non-itemized Receipts from Other Sources \$0.00 Total receipts from other sources (add lines 4a and 4b) \$0.00 Expenditures Itemized expenditures (total from Form 5) \$0.00 5a Non-itemized expenditures \$0.00 Total expenditures (add lines 5a and 5b) \$0.00

6 Ending balance (add lines 1, 2c, & 4c, then subtract lin	ne 5c)			6 \$1,201.69
Candidates for State Office: File this report with the Office of	the Secretary	of State.		
Candidates for County or Municipal Office: File this report w	vith the Judge	e of Probate o	of the county	in which the office is sough
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.	Augus the	of the yê		
Signature of Candidate of Elected Official Date FORM REVISED 10.27.2011	Signature of I	Notary Neblic	MAR	n Peake

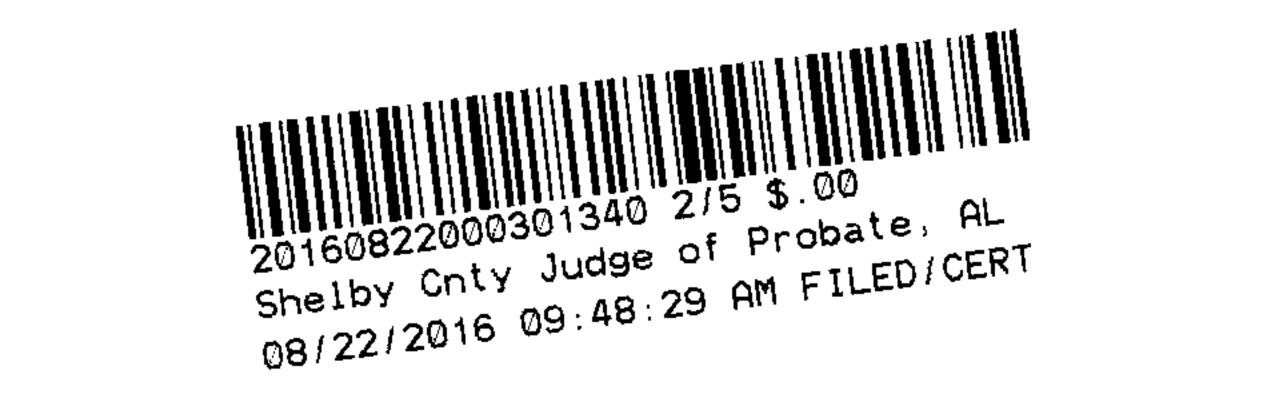
County Division Code: AL040 Inst. # 2016083065 Pages: 2 of 5

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: Dr. Casey W. Middlebrooks

vvnen total contribu	itions from a single source exceed \$100.00, the FCPA requires all contrib OO NOT LIST in-kind contributions or loans on this form. Use Forms 3 an	oution d 4 fe	ns fro	om those I	nat s isting	ourc js.	e to be itemized.					
CONTRIBUTOR (INCLUDE FULL NAME)			ÇO:	OUR NTRI ECK (CE BUTI	·-						
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation Individual PAC Other Returned			8	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION					
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FORM REVISED 10.27.2011	TOTAL CASH CONTRIBUTIONS THIS PAGE											



County Division Code: AL040 Inst. # 2016083065 Pages: 3 of 5

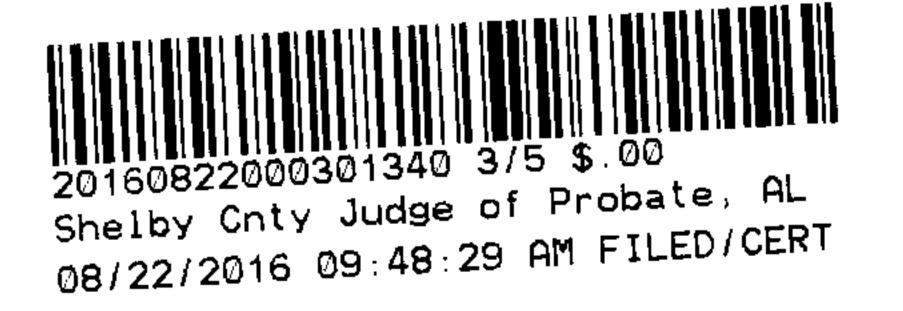
ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

NAME OF CANDIDATE OR ELECTED OFFICIAL:

Dr. Casey W. Middlebrooks

When tota	l contributions from a single source exceed \$100.0	00, th s for	ne Fo m. l	CPA Jse f	requ Form	ires is 2 a	all co	ontril 4 for	oution thos	ns fro se lis	om tr	nat s	ourc	e to be itemized.	
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)					
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
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ORM REVISED 10.27.2011	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE									•					



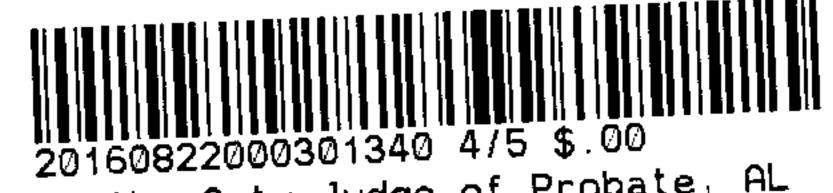
County Division Code: AL040 Inst. # 2016083065 Pages: 4 of 5

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. COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) SOURCE OF RECEIPT **ADDRESS** DATE AMOUNT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE **GUARANTORS** RECEIVED OF STREET OR P.O. BOX, Individua! Business Other (mo./day/yr.) RECEIPT CITY, STATE, AND ZIP) [FCPA REQUIRES FULL NAME AND COM-Other PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] TOTAL RECEIPTS THIS PAGE FORM REVISED 10.27.2011



Shelby Cnty Judge of Probate, AL 08/22/2016 09:48:29 AM FILED/CERT County Division Code: AL040 Inst. # 2016083065 Pages: 5 of 5

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: Dr. Casey W. Middlebrooks



- When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS **ADDRESS** DATE OF **AMOUNT** OTHER (ADDRESS SHOULD INCLUDE OF EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) GIVE (mo./day/yr.) **EXPENDITURE** (INCLUDE FULL NAME) BRIEF **EXPLANATION** TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011



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