

Print Form

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20160822000301340 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/22/2016 09:48:29 AM FILED/CERT

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.

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

Total Number of
Pages in Report

08/19/2016

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$1,201.69
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$0.00
2b	Non-itemized cash contributions	2b	\$0.00
2c	Total cash contributions (add lines 2a and 2b)	2c	\$0.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00
3b	Non-itemized in-kind contributions	3b	\$0.00
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$0.00
4b	Non-itemized Receipts from Other Sources	4b	\$0.00
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$0.00
5b	Non-itemized expenditures	5b	\$0.00
5c	Total expenditures (add lines 5a and 5b)	5c	\$0.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 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 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

8/15/16
Date

Sworn to and subscribed before me this 15th 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

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.

20160822000301340 2/5 \$.00
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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.

A standard linear barcode used for library identification. Below the bars, the number "001948 115 \$.00" is printed.

20160822000301340 4/5 \$.00
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