FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance SUMMARY FORM 1 Campaign Finance Report Shelby Cnty Judge of Probate, AL

E.O.D.

Please Print in Inl	k or Type.		08/22/20	16 09:48:30 AM F	LED/CE	L RT
Name of Candidate or Elected Official		Political Party/	Ballot Affiliation	Type of Repor	t (check	one)
Samuel Swiney				Mon	thly	Amended Monthly
Office Sought or Held (include district or circuit number, if a	pplicable)			✓ Wee	kiy	Amended Weekly
Hoover City Council				For Monthly R	•	
Address	· · · · · · · · · · · · · · · · · · ·			Month in which report is filed.	i ine	
512 Cloudland Drive				For Weekly Re	ports	<u></u>
City		Telephone Nu	mber	Date of Friday week in which		8/12/16
Hoover	35226			report is filed.	.,	
				Total Number Pages in Repo		
Summary of activity since last filed	d report					
1 Beginning balance (ending balance	from previo	us filing)			1	\$122.84
Cash Contributions						
2a Itemized cash contributions (total from	om Form 2)		2a	\$175.00		
2b Non-itemized cash contributions			2b	\$0.00		
2c Total cash contributions (add lines 2	a and 2b)				2c	\$175.00
In-Kind Contributions					_	
3a Itemized in-kind contributions (total	from Form 3	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	·	. a			_	
4a Itemized Receipts from Other Sourc	es (total fro	m Form 4)	4a	\$0.00		
4b Non-itemized Receipts from Other S	Sources		4b	\$0.00		
4c Total receipts from other sources (a	dd lines 4a	and 4b)			4c	\$0.00
Expenditures					 -	
5a Itemized expenditures (total from Fo	orm 5)	·—·	5a	\$0.00		
5b Non-itemized expenditures			5b	\$0.00		······································
5c Total expenditures (add lines 5a and	d 5b)				5c	\$0.00
6 Ending balance (add lines 1, 2c, & 4c	, then subtra	act line 5c)			6	\$297.84
Candidates for State Office: File this repor	t with the Off	ice of the Se	ecretary of S	tate		
Candidates for County or Municipal Office	e: File this re	port with the	e Judge of P	robate of the coun	ty in wh	ich the office is sought.

Print Notary's Name

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 of Elected Official Date

Sworn to and subscribed be	efore me this _	15	day of	
August of the year	201Ce	. My com	mission expi	res
the 22nd day of A	or:\ of t	he year _	2020	
7 1	• 7		ostor	
Munie	Me	4	ouve	
Signature of Notary Public		i		_

ELECTED CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE &

Contributions received by candidate or elected official

Samuel Swiney IDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

	DO NOT LIST In-kind contributions or loans on this form. Use Forms 3 and	4 for those		listings.		
		SO SO PF CON	CK O	用 D S C T O S ()		
(INCLUDE FULL NAME)	ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation Individual	PAC	Other Berumed	CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
Samuel Swiney	512 Cloudland Drive, Hoover, AL 35226	×			Aug 12, 2016	\$75.00
Steve Lawrence	4000 Greenside Trace, Hoover, At 35226	×			Aug 12, 2016	\$100.00
s						
016082200 helby Cn 8/22/2010						
ty Judge			· <u>·</u> ·····			
of Proba						
ate, AL						
FORM REVISED 10.27.2011	TOTAL CASH CON	RIBUT	<u>5</u>	NS T	HIS PAGE	\$175.00

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

In-Kind Contri butions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

Samuel Swiney

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. from that source ਰ be itemized.

\$0.00	IS PAGE	로	SNO	Ĭ	₽ BE	NTR	ဝ	ND O	츳	Z	TAL	O.		FORM REVISED 10.27.2011
201608: Shelby 08/22/			· · · · · · · · · · · · · · · · · · ·											
22000301 Cnty Ju 2016 09:			,											
350 3/5 dge of P 48:30 AM														
\$.00 robate; FILED/C						: *** * '- '								
AL ERT														
\$0.00		·												
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Corporation Individual	Business/	Other	Transportation	Food Rent	Equipment	Polling	Advertising Consultants/	Advertising	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		m m	SOURCE (CHECK ONE)	(C % 0		Q N	TU	NTRIB	C C C	URE OF CONTRI	ATUR	Z		



ALABAMA FAIR CAMPAIGN PR ACTICES ACT CAMPAIGN FINANCE REPOR FOR CANDIDATE/ELECTED OFFICIAL

Receipts from her Sources loans, interest, and other sources 9 ₹.

NAME OF CANDIDATE OR ELECTED OFFICIAL: Samuel Swiney

\$0.00	i II	AGE	SP	SIH	ST	PŢ	TOTAL RECEIP1	FORM REVISED 10.27.2011
201608 Shelby 08/22/								
22000301 Cnty Ju 2016 09:					<u> </u>			
350 4/5 dge of P 48:30 AM								
\$.00 robate:								
AL ERT								
\$0.00								
RECEIPT	(mo./day/yr.)	Other	Business	Individual	PAC	Institution	BOX, D ZIP) st ere a e PLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN) e	
AMOUNT	DATE						ADDRESS DDRESS SHOULD INCLUDE CHARANTORS	SOURCE OF RECEIPT
		CE		CK (• • •	REC	ECEIPT	
	itemized.		to be	. LCG	sour	that listir	ibutions from a single source exceed \$100.00, the FCPA requires all contributions from tha DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those list	When total cor

ALABAMA FAIR CAMPAIGN PR ACTICES A CAMPAIGN FINANCE REPORT FOR ANDIDATE Qο ECTED

FORM 5: Expenditure S Swiney elected 앜 ficial

NAME OF CANDIDATE OR ELEC TED OFFICIAL Samuel

When total expenditu

res

ರ

 $\boldsymbol{\sigma}$

single

recipient

exceed

\$100.00,

the

CPA

requires

<u>a</u>

expenditures

ð

that

recipient

be

ite

mized.



PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) S ADDRESS SHOULD II TOR P.O. BOX, CITY, S Administrative Advertising Consultants/ Polling Charitable Contribution TOTAL PURPOSE OF EXPENDITURE (CHECK ONE) Food Fundraising EXPENDITURES Loan Repayment Lodging Transportation GIVE BRIEF EXPLANATION OTHER SIHT PAGE (mo./day/yr. PENDITUI EXPENDITURE AMOUNT 20160822000301350 5/5 \$.00 Shelby Cnty Judge of Probate, AL 08/22/2016 09:48:30 AM FILED/CERT \$0.00 \$0.00

FORM REVISED

10.27.2011