



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160822000302220 1/1 \$.00
Shelby Cnty Judge of Probate, AL
08/22/2016 01:01:56 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Russell Bedsole		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Alabaster City Council Ward 5			
Address <input type="checkbox"/> Check box if reporting new address 417 Sterling Park Cir			
City Alabaster	State AL	ZIP Code 35007	Telephone Number [REDACTED]

Date Covered by Report **8/15/16-8/21/16**

☐ Amended Daily Report

Total Number of Pages in Report **1**

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 (\$1530.22)
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	0
2b	Non-itemized cash contributions	2b	0
2c	Total cash contributions (add lines 2a and 2b)	2c	0
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
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	0
5b	Non-itemized expenditures	5b	0
5c	Total expenditures (add lines 5a and 5b)	5c	0
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	(\$1530.22)

Candidates for State Office and State Elected Officials: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office and County and Municipal Elected Officials: 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 **[Signature]** Date **8/22/16**

Sworn to and subscribed before me this **22nd** day of **Aug** of the year **2016**. My commission expires the **22nd** day of **April** of the year **2018**.

Signature of Notary Public **[Signature]**
Print Notary's Name **Jessica L. Holland**