



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160822000302990 1/4 \$.00
 Shelby Cnty Judge of Probate, AL
 08/22/2016 02:58:14 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Marty B Handlon		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Mayor for City of Alabaster			
Address ☐ Check box if reporting new address 413 Sterling Park Circle			
City Alabaster,	State AL	ZIP Code 35007	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.

08/19/2016

Total Number of Pages in Report

4**Summary of activity since last filed report**

1	Beginning balance (ending balance from previous filing)		1	\$0.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$3,250.00	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	\$3,250.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$4,500.00	
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$4,500.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$4,530.75	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	\$4,530.75	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$3,219.25	

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.

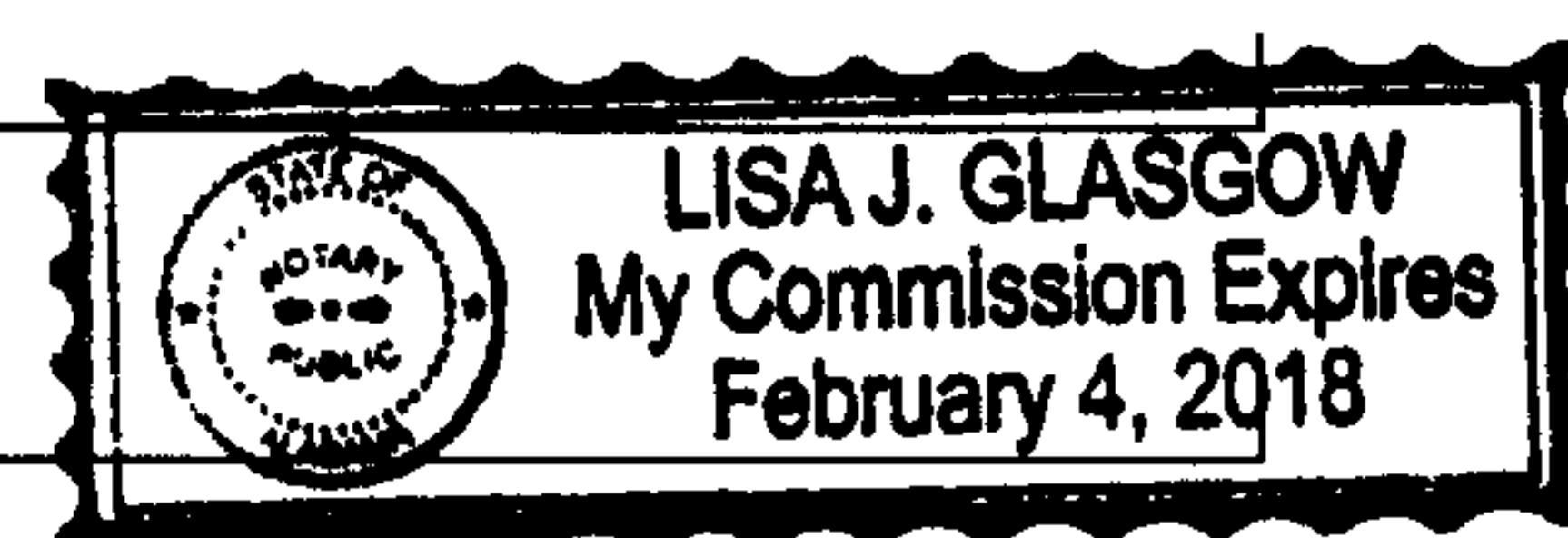
Marty B Handlon
 Signature of Candidate or Elected Official

8/22/16
 Date

Sworn to and subscribed before me this 22nd day of August of the year 2016. My commission expires the 4th day of February of the year 2018.

Lisa Glasgow
 Signature of Notary Public

Lisa Glasgow
 Print Notary's Name





FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Marty B Handlon

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		
Dynamic Civil Solutions	2210 2nd Avenue N, Birmingham, AL 35203	X					08/13/2016	\$500.00
Southern Landmark Development, Inc	111-A Owens Parkway, Birmingham, AL 35244	X					08/16/2016	\$1,500.00
Irving D Meisler	100 Village Street, Birmingham, AL 35242		X				08/16/2016	\$1,000.00
Lindsey J Allison, Attorney	1300 Corporate Drive, Birmingham, AL 35242	X					08/18/2016	\$250.00
							TOTAL CASH CONTRIBUTIONS THIS PAGE	\$3,250.00



FORM 4: Receipts from Other Sources

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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.

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 GUARANTEERING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
Alpha Gov LLC	2316 1st Ave S., Birmingham, AL 35233		X			X					08/18/2016 ⁺	\$4,500.00
					TOTAL RECEIPTS THIS PAGE							



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FORM REVISED 10.27.2011

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:

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION
Master Image	P.O. Box 59056, Birmingham, AL 35259		X									Aug 19, 2016	\$4,530.75