

MONTHLY &amp; WEEKLY


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160825000307310 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
08/25/2016 10:55:27 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>MELISSA ROSETTA</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>Wilsonville Town Council</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>67 Vick Circle</i>			
City <i>Wilsonville</i>	State <i>AL</i>	ZIP Code <i>35786</i>	Telephone Number <i>205-669-1747</i>

## 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

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<i>0</i>
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	<i>0</i>
2b	Non-itemized cash contributions	2b	<i>0</i>
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>0</i>
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>0</i>
3b	Non-itemized in-kind contributions	3b	<i>0</i>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>0</i>
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>0</i>
4b	Non-itemized Receipts from Other Sources	4b	<i>0</i>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<i>0</i>
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	<i>1154.05</i>
5b	Non-itemized expenditures	5b	<i>0</i>
5c	Total expenditures (add lines 5a and 5b)	5c	<i>1154.05</i>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>0</i>

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.

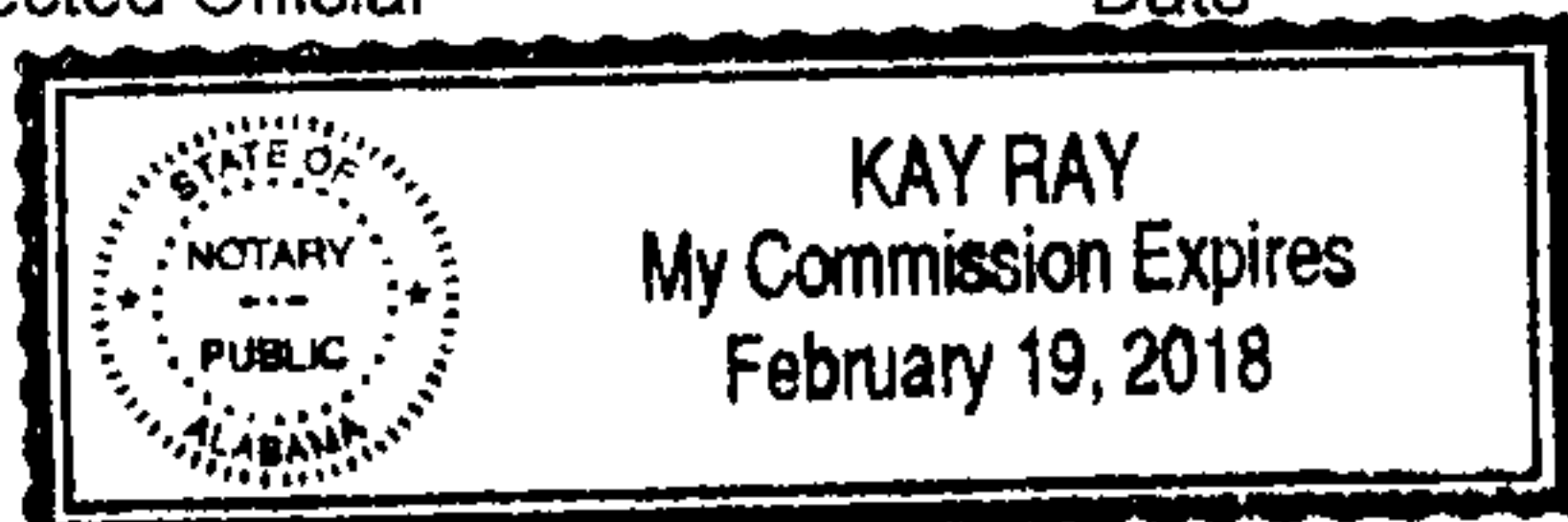
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

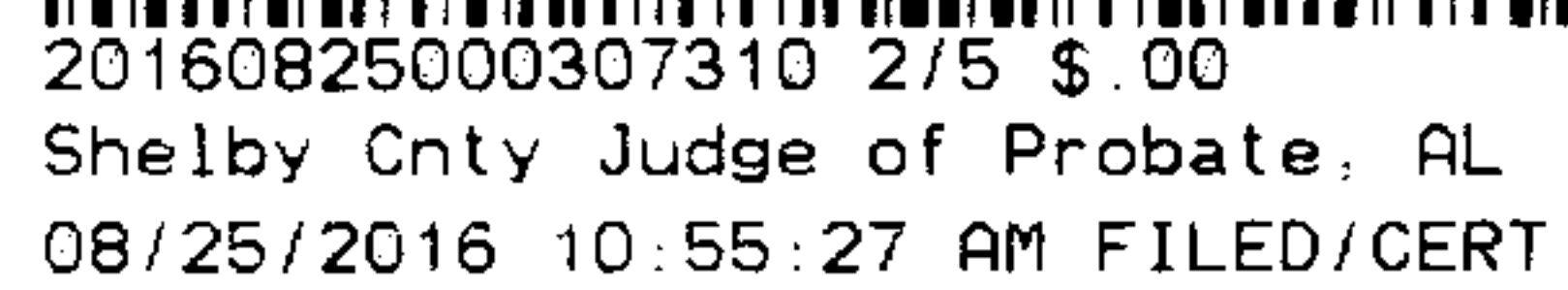
*Melissa Rosetta* *8/25/2016*  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this *25th* day of *August* of the year *2016*. My commission expires the *19th* day of *Feb.* of the year *2018*.

*Kay M. Ray*  
Signature of Notary Public

*Kay M. Ray*  
Print Notary's Name





## FORM 2: Contributions received by candidate or elected official

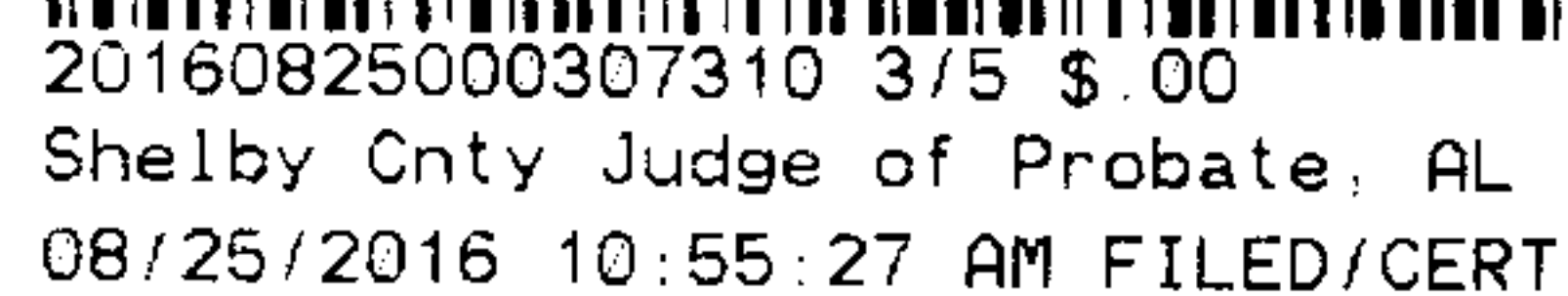


NAME OF CANDIDATE OR ELECTED OFFICIAL:

**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		
	TOTAL CASH CONTRIBUTIONS THIS PAGE							

FORM REVISED 10.27.2011



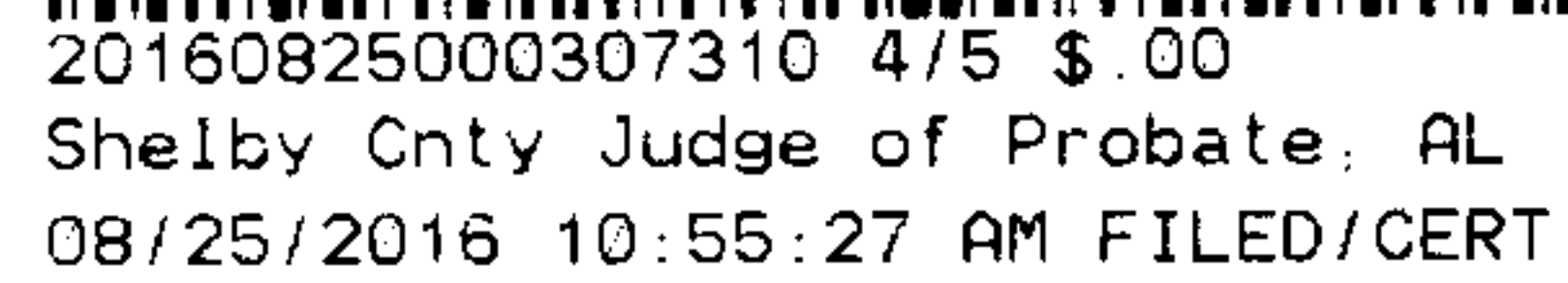
The Seal of the State of Alabama is a circular emblem. It features a central shield with a landscape scene, including a river and a rising sun. The shield is flanked by two cotton bolls. Above the shield is a banner with the word 'EUREKA'. The entire seal is encircled by the text 'THE GREAT SEAL OF THE STATE OF ALABAMA' and '1819' at the bottom.

## NAME OF CANDIDATE OR ELECTED OFFICIAL:

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)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																

FORM REVISED 10.27.2011





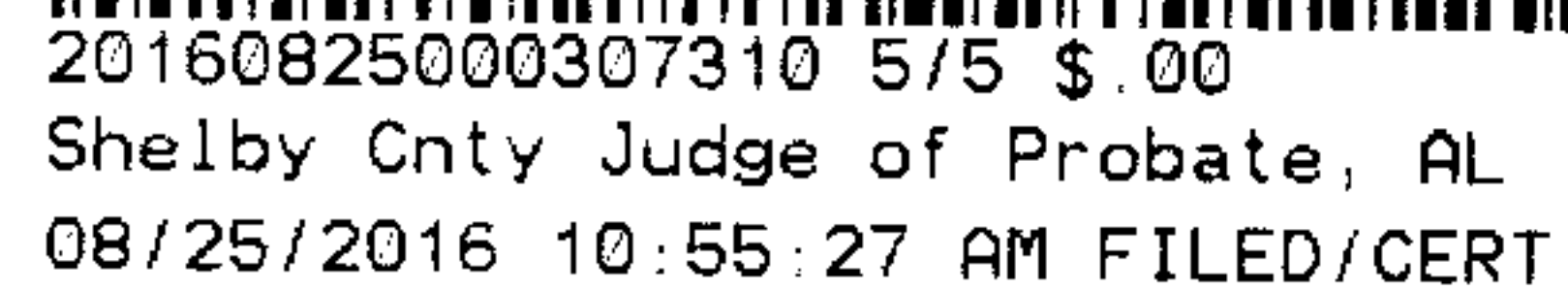
## FORM 4: Receipts from Other Sources loans, interest, and other sources of income



**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 GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
					TOTAL RECEIPTS THIS PAGE							

FORM REVISED 10.27.2011



## FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: MELISSA ROSETTA



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			
MELISSA	67 Vick Cir		X									Mail out	7/29/2012	\$ 896.50
Rosetta	Wilsonville, AL											flyer;		
	35186											yard signs	8/10/2012	\$ 257.55
TOTAL EXPENDITURES THIS PAGE														\$1154.05

FORM REVISED 10.27.2011