



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160825000307910 1/2 \$.00
 Shelby Cnty Judge of Probate, AL
 08/25/2016 01:13:03 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>SOPHIE MARTIN</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>Alabaster City Council, Ward 1</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>219 BROADMOOR CIRCLE, N</i>			
City <i>ALABASTER</i>	State <i>AL</i>	ZIP Code <i>35007</i>	Telephone Number <i>[REDACTED]</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

8-26-16

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<i>493.84</i>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	
2b	Non-itemized cash contributions	2b	<i>3500.00</i>
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>3500.00</i>
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	
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>3993.84</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.

Sophie Martin *8.25.16*
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this *25th* day of *Aug* of the year *2016*. My commission expires the *29nd* day of *April* of the year *2018*.

Jessica L. Holland

Signature of Notary Public

Jessica L. Holland

Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: SOPHIE MARTIN

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		
Goodwyn, Mills + Cawood	2660 Eastchase Lane ST 200 Montgomery, AL 36117-7024	<input checked="" type="checkbox"/>					8.23.16	250.00
Volkert, Inc.	P.O. Box 7434 Mobile, AL 36670	<input checked="" type="checkbox"/>					8.22.16	250.00
Blue Cross Blue Shield of Alabama	450 Riverchase Parkway East Birmingham, AL 35007			<input checked="" type="checkbox"/>			8.18.16	3,000.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								3,500.00

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