

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official  
Campaign Finance Report  
SUMMARY FORM 1

FILED IN OFFICE  
JUDGE OF PROBATE COURT  
AUG 17 2016  
ALAN L. KING  
Judge of Probate



20160830000313440 1/5 \$.00  
Shelby Cnty Judge of Probate, AL  
08/30/2016 10:01:22 AM FILED/CERT

Please Print in Ink or Type.

|                                                                           |                                    |          |                  |
|---------------------------------------------------------------------------|------------------------------------|----------|------------------|
| Name of Candidate or Elected Official                                     | Political Party/Ballot Affiliation |          |                  |
| TREY D. LOTT                                                              |                                    |          |                  |
| Office Sought or Held (include district or circuit number, if applicable) |                                    |          |                  |
| HOOVER CITY COUNCIL PLACE 1                                               |                                    |          |                  |
| Address <input type="checkbox"/> Check box if reporting new address       |                                    |          |                  |
| 2010 PATTON CHAPEL RD STE 201                                             |                                    |          |                  |
| City                                                                      | State                              | ZIP Code | Telephone Number |
| HOOVER                                                                    | AL                                 | 35216    |                  |

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

|         |
|---------|
|         |
| 8-12-16 |
| 5       |

Summary of activity since last filed report

|                                    |                                                               |    |         |         |
|------------------------------------|---------------------------------------------------------------|----|---------|---------|
| 1                                  | Beginning balance (ending balance from previous filing)       |    | 1       | 3802.67 |
| <b>Cash Contributions</b>          |                                                               |    |         |         |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | 2000.00 |         |
| 2b                                 | Non-itemized cash contributions                               | 2b |         |         |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | 2000.00 |         |
| <b>In-Kind Contributions</b>       |                                                               |    |         |         |
| 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       |         |
| <b>Receipts from Other Sources</b> |                                                               |    |         |         |
| 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       |         |
| <b>Expenditures</b>                |                                                               |    |         |         |
| 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  | 5802.67 |         |

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.

Signature of Candidate or Elected Official

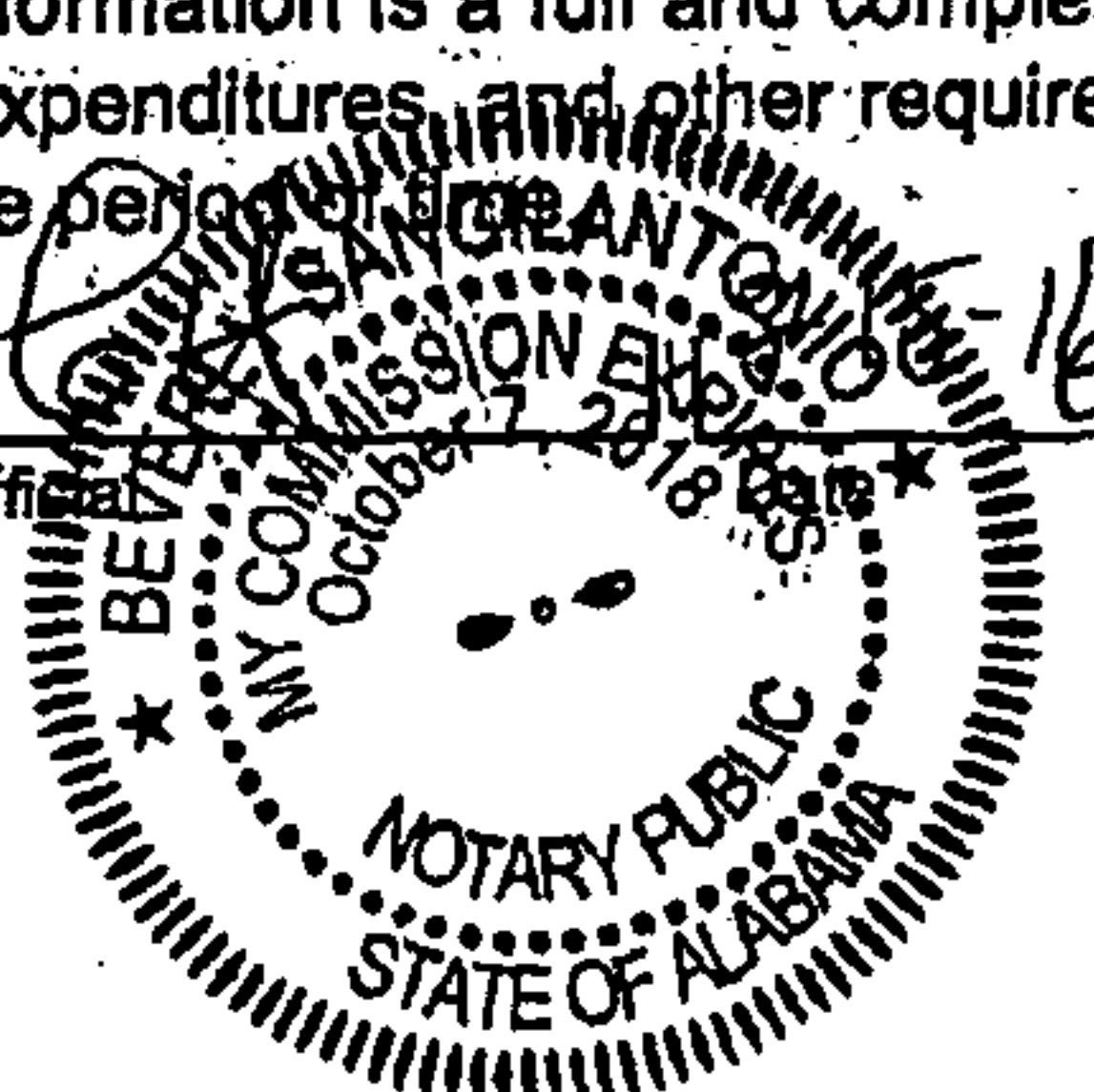
FORM REVISED 9.2.2011

Sworn to and subscribed before me this 15th day of August of the year 2016. My commission expires the 7th day of October of the year 2018.

Signature of Notary Public

Beverly Sangilantonio

Print Notary's Name



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE &amp; 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 in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.**

**FORM REVISED 9.2.2011**

20160830000313440 3/5 \$.00  
 Shelby Cnty Judge of Probate, AL  
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

**FORM 3: In-Kind Contributions** received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: Trey D Lett

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 loans on this form. Use Forms 2 and 4 for those listings.

| CONTRIBUTOR<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       |                          |            | SOURCE<br>(CHECK ONE) |       |  |  |  | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----------------------|-------|--|--|--|---------------------------------------------------|------------------------------|
|                                    |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC                   | Other |  |  |  |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |  |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |  |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |  |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |  |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |  |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |  |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |  |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |  |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |  |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |  |                                                   |                              |
| FORM REVISED 9.2.2011              |                                                                                 | TOTAL IN-KIND CONTRIBUTIONS THIS PAGE |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |  |                                                   |                              |

*[Signature]*



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

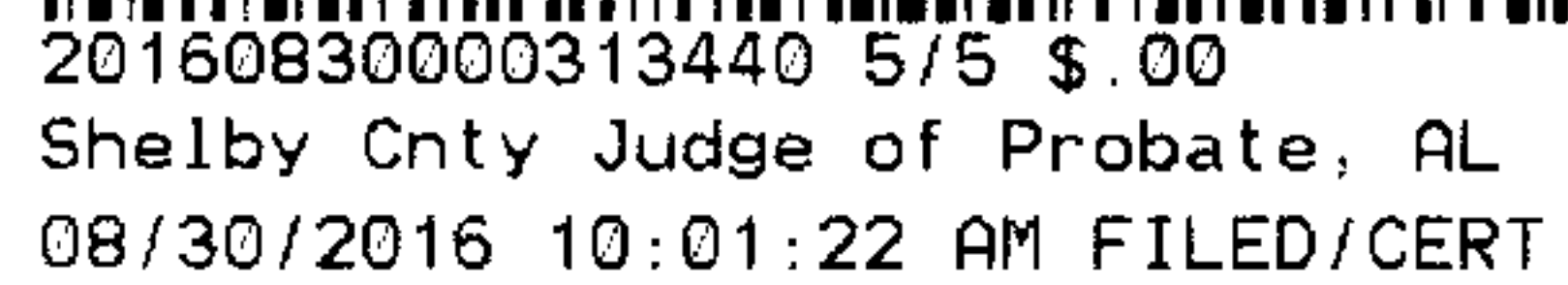
**FORM 4: Receipts from Other Sources** loans, interest, and other sources of income



NAME OF CANDIDATE OR ELECTED OFFICIAL: Terry D. Loft

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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN<br><br>GUARANTORS<br><br>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | RECEIPT SOURCE (CHECK ONE) |     |            |          |       |  | DATE RECEIVED<br>(mo./day/yr.) | AMOUNT OF RECEIPT |
|------------------------------------------|------------------------------------------------------------------------------|-----------------|------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----|------------|----------|-------|--|--------------------------------|-------------------|
|                                          |                                                                              | Interest        | Loan | Other |                                                                                                                                                                  | Lending Institution        | PAC | Individual | Business | Other |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                            |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                            |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                            |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                            |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                            |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                            |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                            |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                            |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                  |                            |     |            |          |       |  |                                |                   |
| TOTAL RECEIPTS THIS PAGE                 |                                                                              |                 |      |       |                                                                                                                                                                  |                            |     |            |          |       |  |                                |                   |



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE &amp; ELECTED OFFICIAL



NAME OF CANDIDATE OR ELECTED OFFICIAL: They D Let

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |              |      |             |                   |         |                |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|--------------|------|-------------|-------------------|---------|----------------|---------------------------------------|-----------------------------------------|-----------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 | TOTAL EXPENDITURES THIS PAGE          |             |                         |              |      |             |                   |         |                |                                       |                                         |                             |

FORM REVISED 9.2.2011

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