

Print Form

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
 STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160830000313530 1/6 \$.00
 Shelby Cnty Judge of Probate, AL
 08/30/2016 10:12:49 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Jason DeLuca		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council - Place 6			
Address <input type="checkbox"/> Check box if reporting new address 2612 Ornamental Lane			
City Hoover	State AL	ZIP Code 35226	Telephone Number

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. **8/19/2016**

Total Number of Pages in Report **5**

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		\$426.64
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	\$250.00	
2b	Non-itemized cash contributions		
2c	Total cash contributions (add lines 2a and 2b)		\$250.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	\$0.00	
3b	Non-itemized in-kind contributions		
3c	Total in-kind contributions (add lines 3a and 3b)	\$0.00	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	\$0.00	
4b	Non-itemized Receipts from Other Sources		
4c	Total receipts from other sources (add lines 4a and 4b)		\$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	\$68.00	
5b	Non-itemized expenditures		
5c	Total expenditures (add lines 5a and 5b)		\$68.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		\$608.64

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.

Sworn to and subscribed before me this 22 day of AUG of the year 2016. My commission expires My Commission Expires May 01, 2018 day of _____ of the year _____.

Signature of Candidate or Elected Official: *[Signature]*
 Date: 8/22/16

Signature of Notary Public: *[Signature]*
 Print Notary's Name: Mary Ann Brogden



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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: Jason DeLuca



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 (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					
FORM REVISED 10.27.2011		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																



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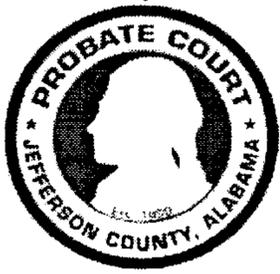
FORM 4: Receipts from Other Sources loans, interest, and other sources of income



NAME OF CANDIDATE OR ELECTED OFFICIAL: Jason DeLuca

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 COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN)	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
FORM REVISED 10.27.2011												TOTAL RECEIPTS THIS PAGE	



Judges Alan L. King & Sherri C. Friday
Judge of Probate
Jefferson County Courthouse
716 Richard Arrington Jr. Blvd. North
Birmingham, AL 35203
(205) 325-5300

CUSTOMER INFORMATION

JASON DELUCA

TRANSACTION INFORMATION

Transaction #:	1621676	Source Code:	Over the Counter
Receipt #:	785565	Return Code:	Over the Counter
Cashier Date:	08/22/2016	Comments:	
Print Date:	08/22/2016		
Cashier By:	SKIPWITHH		

CANDIDATE PRE-ELECTION REI Instrument.: 2016086065

From: HOOVER CITY COUNCIL **To:** DELUCA JASON

PAYMENT: **AMOUNT:** **\$0.00**

Void / Revised Reason:

Total Payments: \$ 0.00	Total Fees: \$ 0.00	Shortage: \$ 0.00
Overage: \$ 0.00	Total Change Returned: \$ 0.00	



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