MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

Please Print in Ink or Type.

Name of Candidate/Elected Official	Political Party/Ballot Affiliation
Curtis W. Osey, III	N/A

Office Sought or Held (include district or circuit number, if applicable)
Hoover Council Place 1

Address ☐ Check box if reporting new address
238 Cam[redacted]ve

City	State	ZIP Code	Telephone Number
Hoover	AL	35226	[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. 8/19/16

Total Number of Pages In Report 1

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)			1	$1485.61
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	$0.00		
2b	Non-itemized cash contributions	2b	$0.00		
2c	Total cash contributions (add lines 2a and 2b)			2c	$1485.61
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	$0.00		
3b	Non-itemized in-kind contributions	3b	$0.00		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	$0.00		
	Receipts from Other Sources				
4a	Itemized receipts from Other Sources (total from Form 4)	4a	$0.00		
4b	Non-itemized receipts from Other Sources	4b	$0.00		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	$0.00
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	$0.00		
5b	Non-itemized expenditures	5b	$0.00		
5c	Total expenditures (add lines 5a and 5b)			5c	$0.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	$1485.61

Candidate for State Office: File this report with the Office of the Secretary of State.
Candidate for 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 information contained herein are true and that this information is a full and complete statement of all contributions, expenditures, and other required information for the applicable period of time.

Signature of Elected Official — Date: 9/2/16

Sworn to and subscribed before me this 2nd day of September of the year 2016. My commission expires the 4th day of August of the year [illegible]

Signature of Notary Public

Print Notary's Name: Faith Leonard

FAITH LEONARD NOTARY PUBLIC ALABAMA STATE AT LARGE My Commission Expires 8/4/19

FORM REVISED