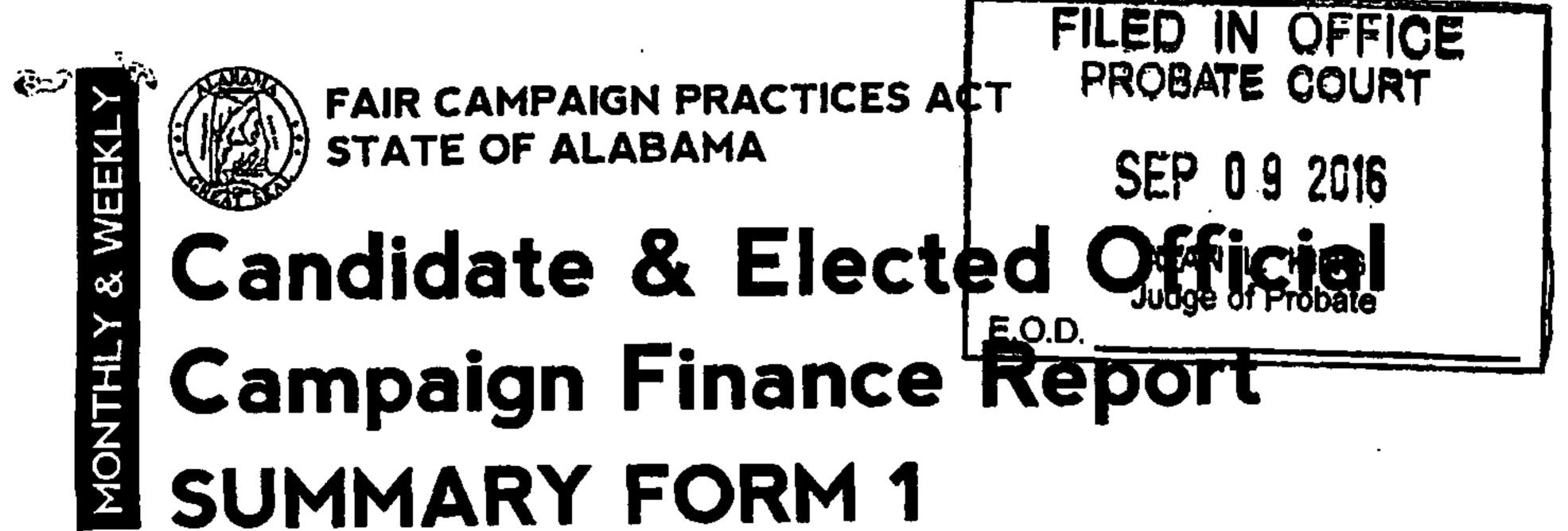
County Division Code: AL040 Inst. # 2016094908 Pages: 1 of 2 I certify this instrument filed on: 9/13/2016 5:30 PM

Doc: ELCAPRE Alan L.King, Judge of Probate Jefferson County, AL

Clerk: LYNN



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Shelby Cnty Judge of Probate, AL 09/20/2016 09:09:52 AM FILED/CERT

	Please	Print in Ink or Type.					<b>5</b>	_0_			
1 Mattic of Cariotens of Espain Circum			Political Party/I	/Ballot Affiliation		Type of Report (check		eck one	<del>-</del>		
Michael Joseph Holt N/A			N/A			Monthly			Amended Monthly		
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council Place 4						For Monthly Reports Month in which the report is filed.		, I	Amended Weekly Aug 27, 2016		
Address								/			
19	21 Valewood Circle				For Weekly Reports					司	
City State ZIP Code Telephone No				Date of Frida		-			م سهد د ساس		
Ho	over	AL 35244				report is filed.  Total Number of Pages in Report			<del></del> ,	<u> </u>	
				· •	_				1		
S	ummary of activity since la										
1	Beginning balance (ending b	alance from previo	ous filing)	∤			1	\$109	<del>3.17</del>	<del>-</del>	_
	Cash Contributions		<del></del>	ļ		<del></del>	<del></del>			•	
	Itemized cash contributions			2a	\$109.17	,			· . ·		
	Non-itemized cash contributi		· · · .	2b	\$0.00	· 					_
2c	Total cash contributions (add	l lines 2a and 2b)	·		- •	, .* :. ·	2c	\$0.0	0 🗀	, 	
	In-Kind Contributions		, -,		<u> </u>	· .	•				
3a	Itemized in-kind contribution	s (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)				\$0.00		·		•		
	Receipts from Other Source		· · · · · · · · · · · · · · · · · · ·								
4a	Itemized Receipts from Other Sources (total from Form 4			4a	\$0.00						
	Non-itemized Receipts from				\$0.00				<b>-</b> '		
<u></u>	Total receipts from other sou		and 4b)		<del></del>		4c	\$0.0	0		
-	Expenditures			1			•				
5a	Itemized expenditures (total	from Form 5)		5a	\$0.00						
<u> </u>	Non-itemized expenditures		<del></del>	5b	\$0.00						
	Total expenditures (add lines	s 5a and 5b)					50	: \$			
<b>!</b>	Ending balance (add lines 1,		ract line 5c)				6	\$0.0	00		
	ndidates for State Office: File t		<del> </del>	_	tary of Stat	е					
	ndidates for State Office. The t						county in	n which	the offi	ce is soug	nt.
Ų α										day of	,

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.

Signature of Candidate or Elected Official

09302016 Date

Signature

the 🛴

\_ of the year <u>20/6</u>

Sworn to and subscribed before me this \_\_\_\_\_\_ day o

My commission expires

of the year ARMINITY

BENTY

Signature of Notary Public

Print Notary's Name

FORM REVISED 9.2.2011

20160920000342510 2/2 \$ 00

20160920000342510 2/2 \$.00 Shelby Cnty Judge of Probate, AL 09/20/2016 09:09:52 AM FILED/CERT

County Division Code: AL040 Inst. # 2016094908 Pages: 2 of 2

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

## FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Michael Joseph Holt



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) **AMOUNT** DATE OF ADDRESS PERSON/GROUP/BUSINESS OTHER OF EXPENDITURE (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) EXPENDITURE (mo./day/yr.) GIVE (INCLUDE FULL NAME) BRIEF **EXPLANATION** 5.00 08/02/2016 Admin Fee 2050 Parkway Office Cir, Birminghai Regions Bank 8/26/2016 104.14 Donation 238 Cambo Drive Hoover, Al 35226 **Curt Posey** TOTAL EXPENDITURES THIS PAGE 109.17 FORM REVISED 9.2.2011