

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

Candidate & Elected Official  
Campaign Finance Report  
SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY



20161020000386480 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
10/20/2016 02:48:24 PM FILED/CERT

FILED IN OFFICE  
PROBATE COURT

OCT 07 2016

ALAN L. KING

Judge of Probate  
E.O.D.

Please Print in Ink or Type.

|                                                                                                                 |                                                     |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Name of Candidate or Elected Official<br><u>TREY D. LOTT</u>                                                    | Political Party/Ballot Affiliation<br><u>E.O.D.</u> |
| Office Sought or Held (include district or circuit number, if applicable)<br><u>Hoover City Council Place 1</u> |                                                     |
| Address <input type="checkbox"/> Check box if reporting new address<br><u>2010 Patton Chapel Rd Ste 201</u>     |                                                     |
| City<br><u>Hoover</u>                                                                                           | State<br><u>AL</u>                                  |
| ZIP Code<br><u>35214</u>                                                                                        | Telephone Number<br><u></u>                         |

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

9-30-16

1

Summary of activity since last filed report

|                                    |                                                               |    |                |                |
|------------------------------------|---------------------------------------------------------------|----|----------------|----------------|
| 1                                  | Beginning balance (ending balance from previous filing)       |    | 1              | <u>4860.02</u> |
| <b>Cash Contributions</b>          |                                                               |    |                |                |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | <u>0</u>       |                |
| 2b                                 | Non-itemized cash contributions                               | 2b | <u>0</u>       |                |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                | 2c | <u>0</u>       |                |
| <b>In-Kind Contributions</b>       |                                                               |    |                |                |
| 3a                                 | Itemized in-kind contributions (total from Form 3)            | 3a | <u>0</u>       |                |
| 3b                                 | Non-itemized in-kind contributions                            | 3b | <u>0</u>       |                |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | <u>0</u>       |                |
| <b>Receipts from Other Sources</b> |                                                               |    |                |                |
| 4a                                 | Itemized Receipts from Other Sources (total from Form 4)      | 4a | <u>0</u>       |                |
| 4b                                 | Non-itemized Receipts from Other Sources                      | 4b | <u>0</u>       |                |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)       | 4c | <u>0</u>       |                |
| <b>Expenditures</b>                |                                                               |    |                |                |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | <u>0</u>       |                |
| 5b                                 | Non-itemized expenditures                                     | 5b | <u>0</u>       |                |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      | 5c | <u>0</u>       |                |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 6  | <u>4860.02</u> |                |

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.

Trey D. Lott 10-5-16  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 5 day of October of the year 2016. My commission expires

the \_\_\_\_\_ day of \_\_\_\_\_

Susan Cummings  
Signature of Notary Public

Susan Cummings  
Print Notary's Name

of the year 2016  
NOTARY PUBLIC  
SUSAN D. CUMMINGS  
My Commission Expires  
August 31, 2020