

Print Form

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

20170404000114020 1/5 \$.00
Shelby Cnty Judge of Probate, AL
04/04/2017 02:25:35 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official FERNANDEZ SIMS		Political Party/Ballot Affiliation Democrat	
Office Sought or Held (Include district or circuit number, if applicable) MAYOR			
Address <input checked="" type="checkbox"/> Check box if reporting new address PO Box 93			
City Birmingham	State AL	ZIP Code 35203	Telephone Number [REDACTED]

Type of Report (check one)

☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month in which the report is filed.

March

For Weekly Reports
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

5

Summary of activity since last filed report

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

Candidates for State Office: _____
Candidates for County or Municipal Office: _____

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

Date

Sworn to and subscribed before me this 2nd day of March of the year 2017. My commission expires the 23rd day of May of the year 2020.

Charney Nasham Peake

Signature of Notary Public

Charney Nasham Peake

Print Notary's Name



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County Division Code: AL040 Inst. # 2017021113 Pages: 2 of 5

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

FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR 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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Refunded		
Fernandez Artaga Sims	P.O. Box 493 Birmingham AL. 35203		<input checked="" type="checkbox"/>				8-22-16	335.51
Fernandez Artaga Sims	P.O. Box 493 Birmingham AL. 35203		<input checked="" type="checkbox"/>				10-5-16	70.00
Fernandez Artaga Sims	P.O. Box 493 Birmingham AL. 35203		<input checked="" type="checkbox"/>				10-12-16	99.00
Fernandez Artaga Sims	P.O. Box 493 Birmingham AL. 35203		<input checked="" type="checkbox"/>				11-22-16	82.50
Fernandez Artaga Sims	P.O. Box 493 Birmingham AL. 35203		<input checked="" type="checkbox"/>				2-10-17	464.08
TOTAL CASH CONTRIBUTIONS THIS PAGE								1051.09

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.

FORM REVISED 10.27.2011

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

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 COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)						DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
FAS Fernando Inigo Sims													
A-45 Fernando Inigo Sims													
FASO Fernando Inigo Sims													
TOTAL RECEIPTS THIS PAGE													

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.