

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

20170405000114560 1/3 \$.00
Shelby Cnty Judge of Probate, AL
04/05/2017 08:06:29 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Lonnie Franklin Malone</u>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <u>Birmingham City Council District 7</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>P.O. Box 110294</u>			
City <u>Birmingham</u>	State <u>AL</u>	ZIP Code <u>35211</u>	Telephone Number

Type of Report (check one)

☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month in which the report is filed.

November

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

Total Number of Pages in Report

3

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 <u>703.00</u>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a <u>0</u>	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c <u>0</u>	
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 <u>314.29</u>	
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c <u>314.29</u>	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a <u>292.96</u>	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c <u>292.96</u>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6 <u>724.33</u>	

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.

Lonnie F. Malone
Signature of Candidate or Elected Official

12/5/16
Date

Sworn to and subscribed before me this 5 day of December of the year 2016. My commission expires the 22 day of April of the year 2020.

Stephanie Speer Horton
Signature of Notary Public

Stephanie Speer Horton
Print Notary's Name

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

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

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 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		
Lonnie Malone	P.O. Box 110294 Birmingham, AL 35211		✓		Lonnie Franklin Malone 2915 Oxmoor Way Bham, AL 35211			✓			11/23/16	314.29
TOTAL RECEIPTS THIS PAGE												

FORM REVISED 10.27.2011



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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: _____



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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
JelcoR Graphics	701 Short 1st Ave N. Bessemer, AL 35220		✓								Flyer Creation	11/17/16	80.00
Alpha Phi	864 8th Street West B'ham, AL 35204				✓						Scholarship	11/21/16	200.00
Go Daddy Website	WWW.Godaddy.com		✓								Website	11/8/16	12.96
TOTAL EXPENDITURES THIS PAGE												292.96	

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