

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

20170405000114710 1/2 \$.00
Shelby Cnty Judge of Probate, AL
04/05/2017 08:20:56 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Friends of Johnathan F. Austin		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Birmingham City Council District 5			
Address ☐ Check box if reporting new address P.O. Box 844			
City Birmingham	State AL	ZIP Code 35201	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

2

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	0
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$13,000.00
2b	Non-itemized cash contributions	2b	0
2c	Total cash contributions (add lines 2a and 2b)	2c	\$13,000.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	0
3b	Non-itemized in-kind contributions	3b	0
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0
4b	Non-itemized Receipts from Other Sources	4b	0
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	0
5b	Non-itemized expenditures	5b	0
5c	Total expenditures (add lines 5a and 5b)	5c	0
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$13,000.00

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

11/2/2016

Date

Sworn to and subscribed before me this 2 day of
November of the year 2016. My commission expires
the 8 day of July of the year 2019.

Signature of Notary Public



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