

Print Form

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MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20170405000114820 1/2 \$.00  
Shelby Cnty Judge of Probate, AL  
04/05/2017 08:31:08 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 <input type="checkbox"/> 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.

December 2016

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	\$13,000.00
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	0
2b	Non-itemized cash contributions	2b	0
2c	Total cash contributions (add lines 2a and 2b)	2c	0
<b>In-Kind Contributions</b>			
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
<b>Receipts from Other Sources</b>			
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
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	\$8,250.00
5b	Non-itemized expenditures	5b	0
5c	Total expenditures (add lines 5a and 5b)	5c	\$8,250.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	\$4,750.00

Candidates for State Officer: \_\_\_\_\_  
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: 12/2/2016

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

Signature of Notary Public: \_\_\_\_\_

ROSELY ESTHER HAIRE  
My Commission Expires  
July 8, 2019

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