

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY



20170601000191350 1/3 \$.00
Shelby Cnty Judge of Probate, AL
06/01/2017 09:01:04 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Roderick Royal		Political Party/Ballot Affiliation DEMOCRAT	
Office Sought or Held (include district or circuit number, if applicable) BHAM CITY COUNCIL / DIST. 9			
Address <input type="checkbox"/> Check box if reporting new address P.O. Box 310902			
City BHAM	State AL	ZIP Code 35231	Telephone Number [REDACTED]

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

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	2199.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	400.00	
2b	Non-itemized cash contributions	2b	0	
2c	Total cash contributions (add lines 2a and 2b)	2c	400.00	
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	576.47	
5b	Non-itemized expenditures	5b	89.50	
5c	Total expenditures (add lines 5a and 5b)	5c	665.97	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	1933.03	

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.

Signature of Candidate or Elected Official

5/2/17
Date

Sworn to and subscribed before me this 29th day of May of the year 2017. My commission expires the 29th day of December of the year 2019.

Signature of Notary Public

Print Notary's Name

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

FORM REVISED 10.27.2011