



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

20190107000007210 1/1 \$0.00  
Shelby Cnty Judge of Probate, AL  
01/07/2019 04:02:10 PM FILED/CERT

Please Print in Ink or Type.

|                                                                                                             |             |                                    |                                |
|-------------------------------------------------------------------------------------------------------------|-------------|------------------------------------|--------------------------------|
| Name of Candidate or Elected Official<br>Sophie Martin                                                      |             | Political Party/Ballot Affiliation |                                |
| Office Sought or Held (include district or circuit number, if applicable)<br>Alabaster City Council, Ward 1 |             |                                    |                                |
| Address <input type="checkbox"/> Check box if reporting new address<br>219 Broadmoor Circle                 |             |                                    |                                |
| City<br>Alabaster                                                                                           | State<br>AL | ZIP Code<br>35007                  | Telephone Number<br>[REDACTED] |

Calendar Year  
covered by this report.

2018

☐ Amended Annual Report  
☐ Termination Report

Total Pages in Report  
Include this page in  
your count.

1

## SECTION I - Summary of activity from last filed report through December 31 of reporting year

|                                       |                                                                |    |   |          |
|---------------------------------------|----------------------------------------------------------------|----|---|----------|
| 1                                     | Beginning balance (ending balance from previous filing)        |    | 1 | \$741.69 |
| <b>Cash Contributions</b>             |                                                                |    |   |          |
| 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 |   | \$0.00   |
| <b>In-Kind Contributions</b>          |                                                                |    |   |          |
| 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 |   | \$0.00   |
| <b>Receipts from Other Sources</b>    |                                                                |    |   |          |
| 4a                                    | Total itemized receipts from other sources (total from Form 4) | 4a |   |          |
| 4b                                    | Total non-itemized receipts from other sources                 | 4b |   |          |
| 4c                                    | Total receipts from other sources (add lines 4a and 4b)        | 4c |   | \$0.00   |
| <b>Expenditures</b>                   |                                                                |    |   |          |
| 5a                                    | Itemized expenditures (total from Form 5)                      | 5a |   |          |
| 5b                                    | Non-itemized expenditures                                      | 5b |   |          |
| 5c                                    | Total expenditures (add lines 5a and 5b)                       | 5c |   | \$0.00   |
| <b>Expenditures on Line of Credit</b> |                                                                |    |   |          |
| 6a                                    | Itemized expenditures on line of credit (total from Form 6)    | 6a |   |          |
| 6b                                    | Non-itemized expenditures                                      | 6b |   |          |
| 6c                                    | Total expenditures on line of credit (add lines 6a and 6b)     | 6c |   | \$0.00   |
| 7                                     | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)  | 7  |   | \$741.69 |

## SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

|    |                                                              |    |        |
|----|--------------------------------------------------------------|----|--------|
| 8  | Beginning balance (as of January 1 of reporting year)        | 8  |        |
| 9  | Total cash contributions for year                            | 9  |        |
| 10 | Total in-kind contributions for year                         | 10 |        |
| 11 | Total receipts from other sources for year                   | 11 |        |
| 12 | Total expenditures for year                                  | 12 |        |
| 13 | Total expenditures on line of credit for year                | 13 |        |
| 14 | Ending balance (add lines 8, 9, & 11, then subtract line 12) | 14 | \$0.00 |
| 15 | Total campaign debt (total debt owed as of December 31)      | 15 |        |

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.

Sophie L. Martin 1.7.19  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 7<sup>th</sup> day of JAN of the year 2019. My commission expires the 28<sup>th</sup> day of MARCH of the year 2022.  
Kimberly H. Brasher  
Signature of Notary Public  
Kimberly H. Brasher  
Print Notary's Name