


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**
**MONTHLY & WEEKLY**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20200713000288730 1/3 \$.00  
 Shelby Cnty Judge of Probate, AL  
 07/13/2020 12:12:08 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Lelia Horton Mitchell</b>		Political Party/Ballot Affiliation <b>Democratic</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>Council Person District 2 - Montevallo, AL</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>645 Hwy 204</b>			
City <b>Montevallo</b>	State <b>AL</b>	ZIP Code <b>35115</b>	Telephone Number <b>[REDACTED]</b>

## 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	<b>0</b>
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	<b>0</b>
2b	Non-itemized cash contributions	2b	<b>0</b>
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>0</b>
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>300.00</b>
3b	Non-itemized in-kind contributions	3b	<b>0.00</b>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>300.00</b>
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>0</b>
4b	Non-itemized Receipts from Other Sources	4b	<b>0</b>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>0</b>
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	<b>790.75</b>
5b	Non-itemized expenditures	5b	<b>0</b>
5c	Total expenditures (add lines 5a and 5b)	5c	<b>790.75</b>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>-790.75</b>

**Candidates for State Office:** File this report with the Office of the Secretary of State.

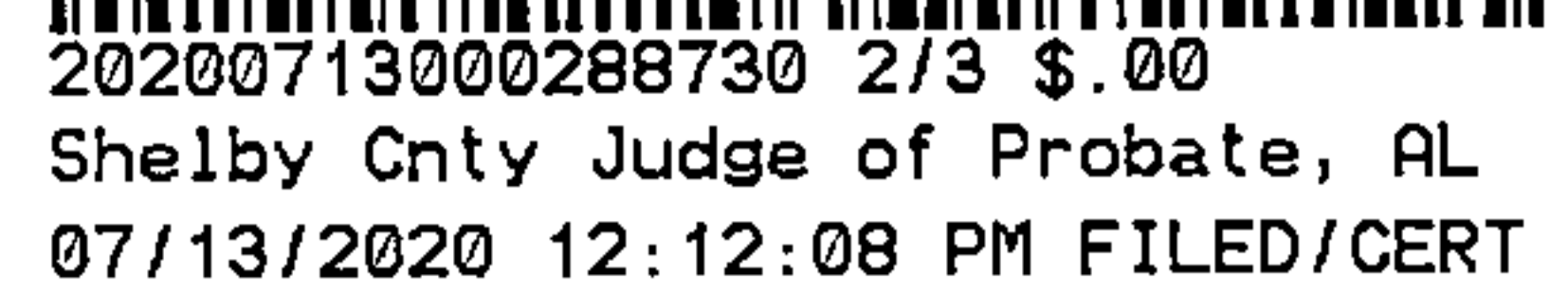
**Candidates for County or Municipal Office:** File this report with the Judge of Probate of the county in which the office is sought.

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: **Lelia Horton Mitchell**  
 Date: **7-13-20**

Sworn to and subscribed before me this **13th** day of **July** of the year **2020**. My commission expires the **11th** day of **September** of the year **2022**.

Signature of Notary Public: **Melody H. Winstett**  
 Print Notary's Name: **Melody H. Winstett**



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 loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)											SOURCE (CHECK ONE)		DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other				
Carlton Garter	Calera, AL 35040								X							7-2-2020	300.00
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														300.00	

FORM REVISED 10.27.2011



20200713000288730 3/3 \$.00  
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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: Lelia Horton Mitchell



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		
The Type Shop	616 Main Street Montevallo AL 35115	X									Admin Copies	6-9-20	33.00
The Type Shop	616 Main Street Montevallo AL 35115		X								Flyers	6-3-20	22.00
Montevallo Chamber of Commerce	P.O. Box 270 Montevallo AL 35115		X								3-month Advertising	6-18-20	150.00
The Type Shop	616 Main Street Montevallo, AL 35115		X								Flyers	6-19-20	61.05
Foodland Plus	4000 Hwy 25 Montevallo, AL 35115		X								40-mail Postage	6-25-20	22.00
The Type Shop	616 Main Street Montevallo, AL 35115		X								35-Signs 20-Posters	6-25-20	414.70
The Type Shop	616 Main Street Montevallo, AL 35115		X								Flyers	7-2-20	66.00
U.S. Postal SVCS	8088 Hwy 31 Calera AL 35040		X								40 Stamps Postage	7-13-20	22.00
		TOTAL EXPENDITURES THIS PAGE											790.75