MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report

SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

20200728000314830 1/3 $.00
Shelby Cnty Judge of Probate, AL
07/28/2020 12:43:45 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Teresa Arleen Whiting	
Office Sought or Held (include distnct or circuit number, if applicable)	
Mayor of Columbiana	
Address ☐ Check box if reporting new address	
676 Hwy 47	
City / State / ZIP Code	Telephone Number
Columbiana AL 35051	[redacted]

Type of Report (check one)

☑ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports Month for which the report is filed.

For Weekly Reports Date of Friday in the week for 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	N/A
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	400.00		
2b	Non-itemized cash contributions	2b			
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			
3b	Non-itemized in-kind contributions	3b			
3c	Total in-kind contributions (add lines 3a and 3b)	3c	$0.00		
	Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a			
4b	Non-itemized Receipts from Other Sources	4b			
4c	Total receipts from other sources (add lines 4a and 4b)			4c	$0.00
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	2577.90		
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c	2577.90
	Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a			
6b	Non-itemized expenditures	6b			
6c	Total expenditures on credit (add lines 6a and 6b)	6c	$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			7	-2177.90

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.

Teresa A. Whiting — 7/28/20
Signature of Candidate or Elected Official — Date

FORM REVISED 06.06.2017

Sworn to and subscribed before me this 28th day of July of the year 2020. My commission expires the 16th day of April of the year 2022.

LaTonya Moore
Signature of Notary Public

LaTonya Moore
Print Notary's Name

LATONYA MOORE
Notary Public, State of Alabama
Alabama State At Large
My Commission Expires
April 16, 2022

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: Teresa Arleen Whiting

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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Sign Graphics	P.O. Box 1147 Columbiana, AL 35051		✓								Signs	7/3/2020	1795.34
"	"		✓								Signs	7/8/2020	631.66
Vista Print	ONLINE		✓								CARDS	7/15/2020	150.90

TOTAL EXPENDITURES THIS PAGE $2577.90

FORM REVISED 9.2.2011

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Teresa Arleen Whiting

When total contributions from a single source exceed $100.00, the FCPA requires all contributions from that source to be itemized.
DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
Billy + Carol Smith	P.O. Box 734 Columbiana, AL 35051	☐	☑	☐	☐	☐	7/14/20	300.00
T. A. Aaron	689 Ferry Rd Columbiana, AL	☐	☑	☐	☐	☐	7/27/20	100.00
		☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐		
		☐	☐	☐	☐	☐		
	TOTAL CASH CONTRIBUTIONS THIS PAGE							400.00