MAJOR CONTRIBUTION

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Principal Campaign Committee: Campaign to Elect Stacy Lorine Schmidt

Full Name of Candidate: Stacy Lorine Schmidt

Political Party:

Office Sought (include district or circuit number, if applicable): Alabaster City Council Ward 3

Address: 129 Sundance

City: Alabaster State: AL ZIP Code: 35007 Telephone Number: [redacted]

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☐ **Amended Major Contribution Report**

Date of this Report 8/10/20

Summary of Major Contribution Activity

1	Beginning balance (ending balance from previous filing)	1	1200.60
2	Total Cash Contributions (total from Form 2)	2	-0-
3	Total In-Kind Contributions (total from Form 3)	3	-0-
4	Total Receipts from Other Sources (total from Form 4)	4	-0-
5	Ending balance (add lines 1, 2, 3 and 4)	5	1200.60

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, Elected Official or Committee Member — Date: 8/10/2020

Sworn to and subscribed before me this 10 day of August the year 2020. My commission expires the 22 day of Feb of the year 2022.

Signature of Notary Public: Jessica Y. Holland

Jessica L. Holland
Print Notary's Name

FORM REVISED 01.02.2018

Where to file this form ...

▶ **State Candidates and Elected Officials:** File this report electronically with the Office of the Secretary of State:
http://fcpa.alabamavotes.gov

Do you have questions or need assistance? Contact the Elections Division:

Call us: 334-242-7210
800-274-8683
Email us: alavoter@vote.alabama.gov

Visit our office:
Elections Division
600 Dexter Avenue, Room E-210
Montgomery, Alabama 36130

Write to us:
Elections Division
P.O. Box 5616
Montgomery, Alabama 36103-5616

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: _____

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		
	TOTAL CASH CONTRIBUTIONS THIS PAGE							

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

FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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		
	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														

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

FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other		
	TOTAL RECEIPTS THIS PAGE											

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