



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20200813000348580 1/4 \$.00
Shelby Cnty Judge of Probate, AL
08/13/2020 02:01:00 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Paul Patrick Howell		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) Pelham City Council			
Address <input type="checkbox"/> Check box if reporting new address 817 Ballantrae Parkway			
City Pelham	State AL	ZIP Code 35124	Telephone Number [REDACTED]

Date Covered by Report

8/13/2020

☐ Amended Daily Report

Total Number of Pages
in Report

4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$965.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$500.00
2b	Non-itemized cash contributions	2b	\$100.00
2c	Total cash contributions (add lines 2a and 2b)	2c	\$600.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00
3b	Non-itemized in-kind contributions	3b	\$0.00
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	\$510.00
4b	Non-itemized Receipts from Other Sources	4b	\$0.00
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$510.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$2,000.00
5b	Non-itemized expenditures	5b	\$0.00
5c	Total expenditures (add lines 5a and 5b)	5c	\$2,000.00
Expenditures on Line of Credit			
6a	Itemized expenditures on line of credit (total from Form 6)	6a	\$0.00
6b	Non-itemized expenditures on line of credit	6b	\$0.00
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	\$75.00

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.

Paul Patrick Howell
Signature of Candidate or Elected Official

8-13-20
Date

Sworn to and subscribed before me this **13** day of **August** of the year **2020**. My commission expires the **22** day of **February** of the year **2022**.

Jessica L. Holland
Signature of Notary Public

Jessica L. Holland
Print Notary's Name

NAME OF CANDIDATE OR ELECTED OFFICIAL: Paul Patrick Howell

20200813000348580 2/4 \$.00
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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
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FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Paul Patrick Howell

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 GUARANTORS (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
Paul Patrick Howell	817 Ballanttrae Parkway, Pelham AL 35124	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paul Patrick Howell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08/13/2020	\$ 510.00
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NAME OF CANDIDATE OR ELECTED OFFICIAL: Paul Patrick Howell

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

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