



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY

DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20200817000355230 1/3 \$.00
Shelby Cnty Judge of Probate, AL
08/17/2020 02:12:50 PM FILED/CERT

Please Print in Ink or Type.

| | | | |
|--|--------------------|------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official Robert A Goodner JR | | Political Party/Ballot Affiliation | |
| Office Sought or Held (include district or circuit number, if applicable) MAYOR ALABASTER AL | | | |
| Address <input type="checkbox"/> Check box if reporting new address 112 DAKBROOK LN 1 | | | |
| City ALABASTER | State AL | ZIP Code 35007 | Telephone Number [REDACTED] |

Date Covered by Report

**8-17
2020**☐ Amended Daily ReportTotal Number of Pages
in Report**3****Summary of activity since last filed report**

| | | | | |
|---------------------------------------|---|----|---------------|-------------------|
| 1 | Beginning balance (ending balance from previous filing) | | 1 | 421.86 |
| Cash Contributions | | | | |
| 2a | Itemized cash contributions (total from Form 2) | 2a | 200.00 | |
| 2b | Non-itemized cash contributions | 2b | | |
| 2c | Total cash contributions (add lines 2a and 2b) | 2c | 421.86 | \$0.00 |
| 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 | 59.10 | |
| 5b | Non-itemized expenditures | 5b | | |
| 5c | Total expenditures (add lines 5a and 5b) | 5c | 59.10 | \$0.00 |
| Expenditures on Line of Credit | | | | |
| 6a | Itemized expenditures on line of credit (total from Form 6) | 6a | | |
| 6b | Non-itemized expenditures on line of credit | 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 | 362.76 | \$0.00 |

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.

Signature of Candidate or Elected Official

Date

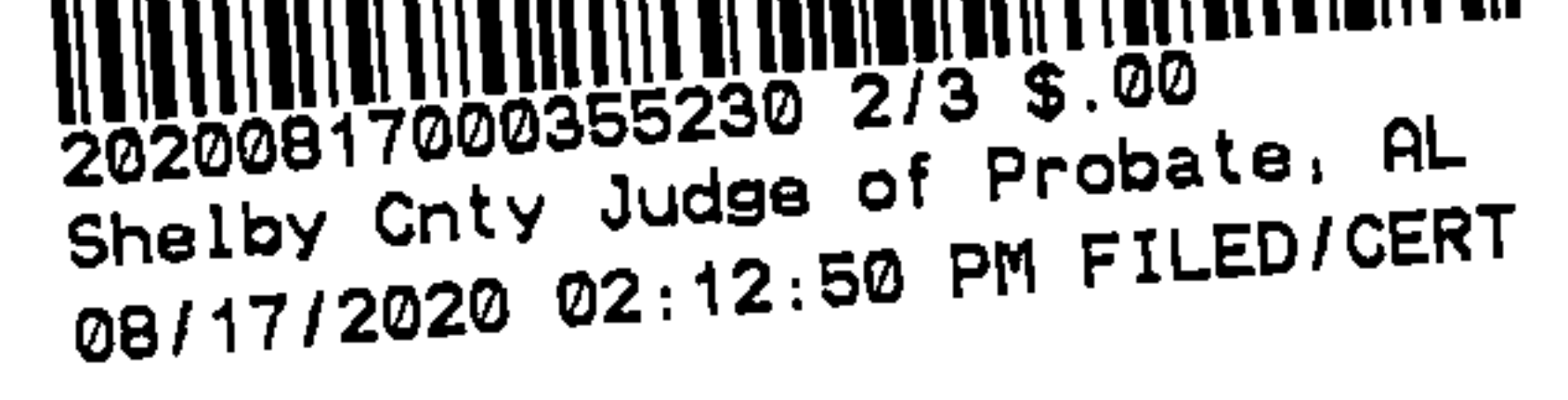
8/17/2020

Sworn to and subscribed before me this **17th** day of **Aug** of the year **2020**. My commission expires the **17th** day of **March** of the year **2024**.

Signature of Notary Public

Print Notary's Name

Charity R Hogg
Charity R Hogg



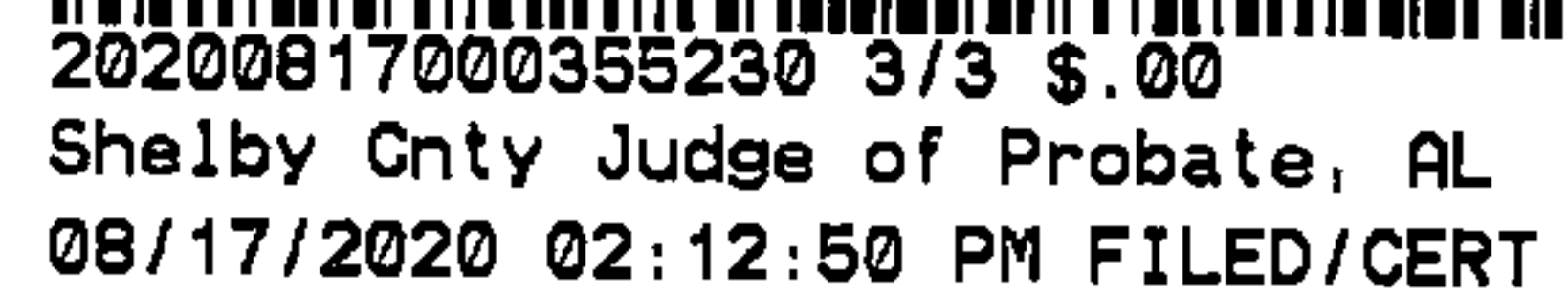
FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert A Goodner Jr

| 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 | | | |
| Bill SPARKS | 5116 Birchbark Cir BIRMINGHAM AL 35242 | | <input checked="" type="checkbox"/> | | | | | 8/10/20 | 200.00 |
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| TOTAL CASH CONTRIBUTIONS THIS PAGE | | | | | | | | 200.00 | |

FORM REVISED 9.2.2011



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert A Goodner



| 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 | | |
| Walmart | 9085 HWY 119 ALABASTER AL 35007 | | | | | | | | | | ✓ | 8/14/20 | 19.87 |
| STAPLES | 3552 Pelham Pkwy Pelham AL 35124 | | | | | | | | | | Debate | 8/13/20 | 39.23 |
| | | | | | | | | | | | | | |
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| TOTAL EXPENDITURES THIS PAGE | | | | | | | | | | | | 59.10 | |

FORM REVISED 9.2.2011