



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

DAILY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20200824000369000 1/4 \$.00  
Shelby Cnty Judge of Probate, AL  
08/24/2020 03:42:57 PM FILED/CERT

Please Print in Ink or Type.

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

Date Covered by Report

**8-23-20**

☐ Amended Daily Report

Total Number of Pages  
in Report

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<b>362.76</b>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<b>700.</b>	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>700.00</b>	
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>275.73</b>	
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>275.73</b>	<b>\$0.00</b>
<b>Receipts from Other Sources</b>				
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		<b>\$0.00</b>
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<b>534.02</b>	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	<b>534.02</b>	<b>\$0.00</b>
<b>Expenditures on Line of Credit</b>				
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		<b>\$0.00</b>
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<b>528.74</b>	<b>\$0.00</b>

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

**8/24/2020**

Sworn to and subscribed before me this **24** day of **Aug** of the year **2020**. My commission expires the **22** day of **Feb** of the year **2022**.

**Jessica L. Holland**

Signature of Notary Public

**Jessica L. Holland**

Print Notary's Name

NAME OF CANDIDATE OR ELECTED OFFICIAL: KOLEN # GRADNER

When total contributions from a single source exceed \$100.00, the FOIPA 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.

[illegible]



NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert H Goddard

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 <small>(INCLUDE FULL NAME)</small>	ADDRESS <small>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)</small>	NATURE OF CONTRIBUTION <small>(CHECK ONE)</small>								SOURCE <small>(CHECK ONE)</small>				DATE CONTRIBUTION RECEIVED <small>(mo./day/yr.)</small>	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
Diane Deshaize	180 Cove Drive Bell City AL 35128						✓				✓			8/24/20	135.73
Kendra Whitehead	144 Chinaberry Ln Athaster AL 35007	✓									✓			8/24/20	150.00
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>															225.73 <del>\$0.00</del>

# 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)**

Administrative
Advertising
Consultants/ Polling
Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

**OTHER**  
**GIVE**  
**BRIEF**  
**EXPLANATION**

**DATE OF  
EXPENDITURE**  
(mm./day/yr.)

**AMOUNT  
OF  
EXPENDITURE**

as design

115 David Green Rd #A  
Bham AL 35244

8/21/20

457.80

Lois Home  
Center

235 Colonial Promenade Pkwy  
Alhambra, CA 95007

5

8/23/20

27.75

Waldenport

9085 Hwy 118  
Alabaster AL 35007

5

8/24/20

21.25

Maya Mexican Restaurant

478 101 St. SW  
Alabaster AL 35007

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8/21/20

27.24

**TOTAL EXPENDITURES THIS PAGE**

534.02

FORM REVISED 9.2.2011



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