



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

20200824000369250 1/4 \$.00
Shelby Cnty Judge of Probate, AL
08/24/2020 04:08:00 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official ARTHUR HERBERT		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) CITY COUNCIL DISTRICT 5			
Address ☐ Check box if reporting new address 165 MEADOW RD			
City MONTEVALLO	State AL	ZIP Code 35115	Telephone Number [REDACTED]

Type of Report (check one)

☐ Monthly☐ Amended Monthly☒ Weekly☐ Amended WeeklyFor 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

8/21/2020

4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	1,019.50
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	0
2b	Non-itemized cash contributions	2b	0
2c	Total cash contributions (add lines 2a and 2b)	2c	\$0.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	0
3b	Non-itemized in-kind contributions	3b	0
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	400.00
4b	Non-itemized Receipts from Other Sources	4b	420.00
4c	Total receipts from other sources (add lines 4a and 4b)	4c	820.00 \$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	720.50
5b	Non-itemized expenditures	5b	36.70
5c	Total expenditures (add lines 5a and 5b)	5c	757.20 \$0.00
Expenditures on Line of Credit			
6a	Itemized expenditures (total from Form 6)	6a	874.50
6b	Non-itemized expenditures	6b	25.00
6c	Total expenditures on credit (add lines 6a and 6b)	6c	899.50 \$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	1,082.30 \$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.

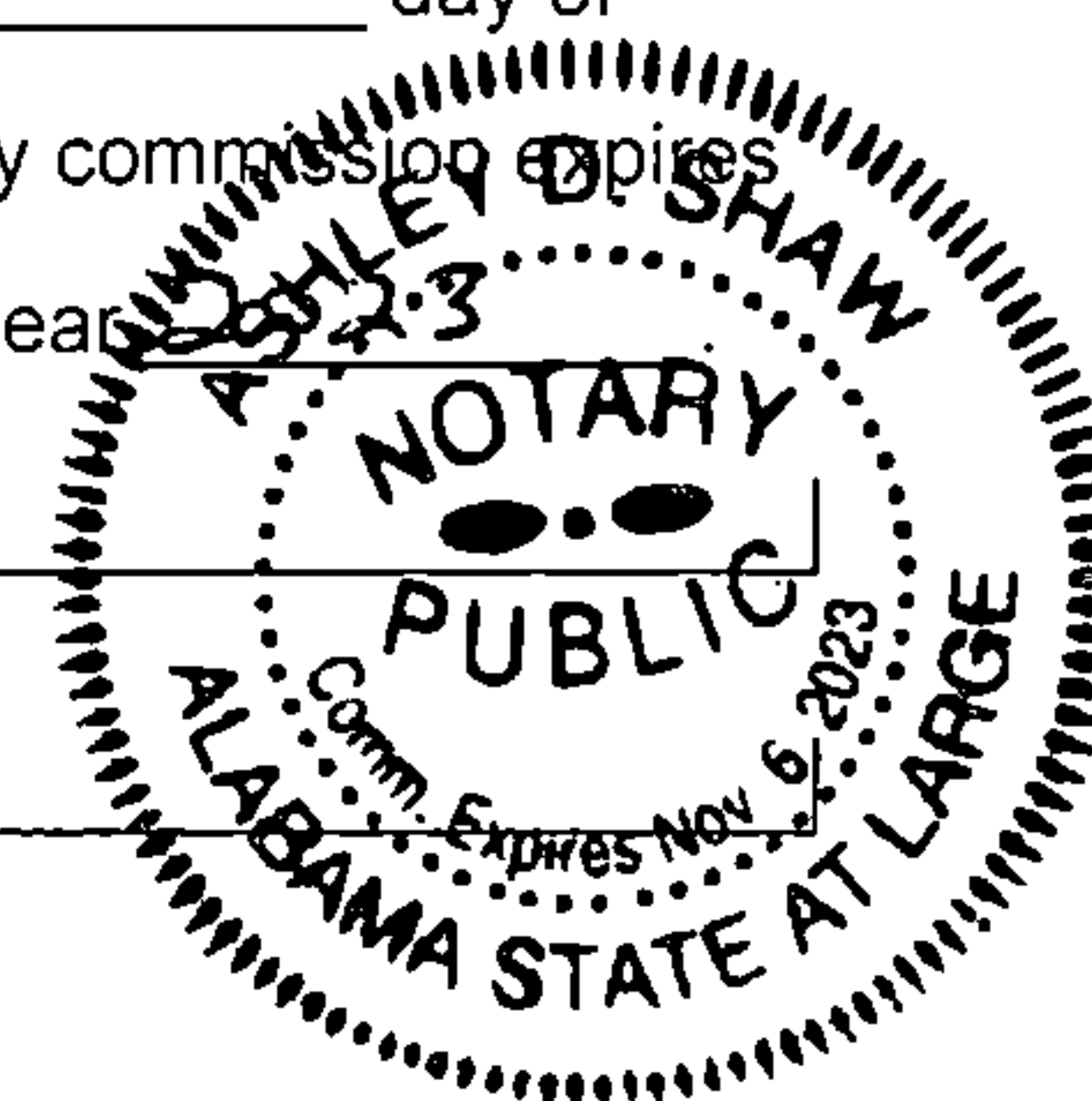
Signature of Candidate or Elected Official

8/3/2020
Date

Sworn to and subscribed before me this 3rd day of August of the year 2020. My commission expires the 6th day of November of the year 2023.

Signature of Notary Public

Ashley D Shaw
Print Notary's Name





FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: ARTHUR HERBERT

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
CITIBANK	P.O. BOX 6500 SIOUX FALLS SD 57117										CREDIT REPAYMENT	8/16/2020	\$720.50
TOTAL EXPENDITURES THIS PAGE												\$720.50	

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