

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES
STATE OF ALABAMA



20200825000371730 1/6 \$.00
Shelby Cnty Judge of Probate, AL
08/25/2020 02:01:07 PM FILED/CERT

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040
Inst. # 2020090194 Pages: 1 of 6
I certify this instrument filed on
8/19/2020 10:30 AM Doc: ELCAPRE
Judge of Probate
Jefferson County, AL.

Clerk: CRAWFORD

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official Steven Sean McClinton			
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council, Place 7			
Address ☐ Check box if reporting new address 1498 Waterside Circle			
City Hoover	State AL	ZIP Code 35244	Telephone Number 205-862-8353

FILED IN OFFICE
PROBATE COURT
AUG 19 REC'D
JAMES P. NAFTAL, II
Judge of Probate
E.O.D.

Type of Report (check one)

☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

For 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

8/16/2020
6

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$636.60
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
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		
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	2,500 2,000 65	
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		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a		
6b	Non-itemized expenditures	6b		
6c	Total expenditures on credit (add lines 6a and 6b)	6c		\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	\$3,136 2,636 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.

Steve McClinton 8/17/20
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 17th day of August of the year 2020. My commission expires

the 25th day of August of the year 2023

Renee Richel Idelfer
Signature of Notary Public

Renee Richel Idelfer
Print Notary's Name

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Steven Sean McClinton

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.

[illegible]

FORM REVISED 10.27.2011

20200625000371730 2/6 \$.00
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FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Steven Sean McClinton

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			

NAME OF CANDIDATE OR ELECTED OFFICIAL: Steven Sean McClinton

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.

DO NOT LIST cash or in-kind contributions on this form. Use Form 2 and 3 for those items.												
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 [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) EMPLOYING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business			Other
Steven Sean McClinton	1498 Waterside Circle Hoover, AL. 35244		☒		Steven Sean McClinton		☒				8/14/2020	\$2,500.00
TOTAL RECEIPTS THIS PAGE												\$2,500.00



20200825000371730 4/6 \$.00
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Steven Sean McClinton

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

[illegible]

FORM REVISED 10.27.2011

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FORM 6: Expenditures On Line of Credit by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Steven Sean McClinton

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	Contribution	Food	Fundraising	Lodging	Transportation	Interest		
										TOTAL EXPENDITURES THIS PAGE		\$ 0.00

FORM REVISED 5.19.2017

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