



FAIR CAMPAIGN PRACTICES
STATE OF ALABAMA

20200901000385960 1/3 \$.00
Shelby Cnty Judge of Probate, AL
09/01/2020 09:58:13 AM FILED/CERT

County Division Code: AL040
Inst. # 2020093636 Pages: 1 of 6
I certify this instrument filed on
8/26/2020 11:15 AM Doc: ELCAPRE
Judge of Probate
Jefferson County, AL.

Clerk: LYNN

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official Kimberly B. Cook		Political Party/Barot Affiliation n/a	
Office Sought or Held (include district or circuit number, if applicable) Vestavia Hills City Council, Place 2			
Address ☐ Check box if reporting new address 4487 Galen Way			
City Vestavia Hills	State AL	ZIP Code 35242	Telephone Number 205.903.3974

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.

8/21/2020

Total Number of Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$4,469.84
Cash Contributions				\$4,567.84
2a	Itemized cash contributions (total from Form 2)	2a	\$0.00	
2b	Non-itemized cash contributions	2b	\$0.00	
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		
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	\$0.00	
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	\$4,567.84
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	\$4,469.84	

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.

Kimberly B. Cook 8.8.20
Signature of Candidate or Elected Official Date

FORM REVISED 06.06.2017

Sworn to and subscribed before me this 8th day of August of the year 2020. My commission expires the 17th day of September of the year 2023.

Kathleen H. Poff
Signature of Notary Public

Kathleen H. Poff
Print Notary's Name



ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: Kimberly B. Cook

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.

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		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

FORM REVISED 10.27.2011

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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: Kimberly B. Cook

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				
FORM REVISED 10.27.2011		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														\$0.00	

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