ALABAMA FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

County Division Code: AL040
Inst. # 2020094115 Pages: 1 of 6
I certify this instrument filed on
8/27/2020 9:01 AM Doc: ELCAPRE
Judge of Probate
Jefferson County, AL.

Clerk: CRAWFORD

Please Print in Ink or Type.

Name of Candidate or Elected Official: David Miller

Political Party/Ballot Affiliation:

Office Sought or Held (include district or circuit number, if applicable): MAYOR

Address ☐ Check box if reporting new address: 1036 Dixie ST

City: Leeds State: AL ZIP Code: 35094 Telephone Number: [redacted]

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.: 8-21-20

Total Number of Pages in Report: 6

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 3713.43
	Cash Contributions		
2a	Itemized cash contributions (total from Form 2)	2a 3500.00	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)		2c 3500 00.00
	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 00.00	
	Receipts from Other Sources		
4a	Itemized Receipts from Other Sources (total from Form 4)	4a 0	
4b	Non-itemized Receipts from Other Sources	4b 0	
4c	Total receipts from other sources (add lines 4a and 4b)		4c 0 00.00
	Expenditures		
5a	Itemized expenditures (total from Form 5)	5a 0	
5b	Non-itemized expenditures	5b 0	
5c	Total expenditures (add lines 5a and 5b)		5c 0 00.00
	Expenditures on Line of Credit		
6a	Itemized expenditures (total from Form 6)	6a 0	
6b	Non-itemized expenditures	6b 0	
6c	Total expenditures on credit (add lines 6a and 6b)	6c 0 00.00	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		7 7213.43

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

8-26-20
Date

FORM REVISED 05.05.2017

Sworn to and subscribed before me this 26th day of August of the year 2020. My commission expires the 26th day of March of the year 2024.

Signature of Notary Public

Laura L Evans
Print Notary's Name

FILED IN OFFICE
PROBATE COURT

AUG 26 2020

JAMES P. NAFTEL, II
Judge of Probate
E.O.D.

LAURA L. EVANS
NOTARY PUBLIC
STATE AT LARGE
ALABAMA

20200901000386400 1/5 $.00
Shelby Cnty Judge of Probate, AL
09/01/2020 10:40:57 AM FILED/CERT

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: David Miller

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		
Ala. Builders PAC	PO Box 241305 Montgomery AL 241305			V			8-15-20	3000.00
Goodyear Mills Mgt Lawood	2660 Eastchase Lane Ste 200 Montgomery AL 36117			V			8-16-20	250.00
Goodyear Mills Lawood Inc	PO Box 230125 Montgomery AL 36124	V					9-16-20	250.00

FORM REVISED 10.27.2011

TOTAL CASH CONTRIBUTIONS THIS PAGE $0.00

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: David Miller

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 $0.00

None

20200901000386400 3/5 $.00
Shelby Cnty Judge of Probate, AL
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

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.

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	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other		

FORM REVISED 10.27.2011

TOTAL RECEIPTS THIS PAGE $0.00

20200901000386400 4/5 $.00
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FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: David Miller

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): Administrative	Advertising	Consultants/Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
FORM REVISED 10.27.2011	TOTAL EXPENDITURES THIS PAGE												$0.00

20200901000386400 5/5 $.00
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