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Shelby Cnty Judge of Probate, AL
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Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official Michael Mehlhoff		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Alabaster City Council, Ward 5			
Address ☐ Check box if reporting new address 108 Kentwood Trail Circle			
City Alabaster	State Alabama	ZIP Code 35007	Telephone Number [REDACTED]

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports

Month for which the report is filed.

September 2020

For Weekly Reports

Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

6

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$88.05
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$1,130.25	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	\$1,130.25	
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	\$940.84	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	\$940.84	
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	\$277.46	

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: [Signature]
 Date: 9/1/2020

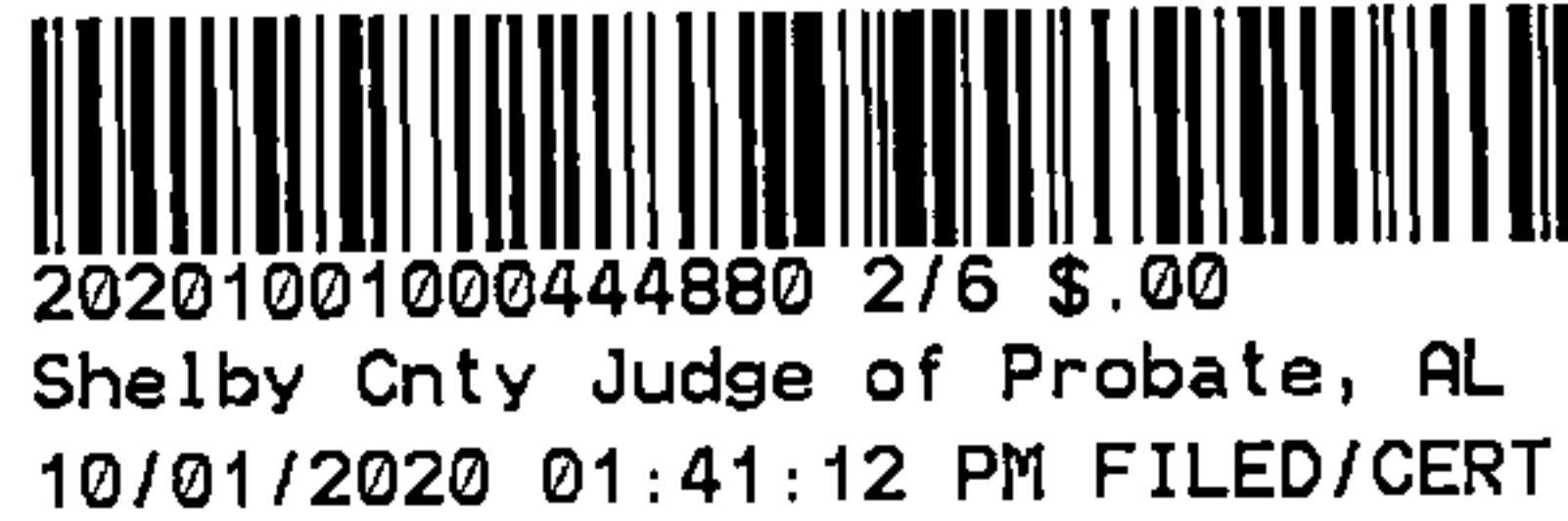
Sworn to and subscribed before me this 1st day of October of the year 2020. My commission expires the 16th day of March of the year 2022.
 Signature of Notary Public: [Signature]
 Print Notary's Name: Heather Holmes

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Michael Mehlhoff



When total contributions from a single source exceed \$100.00, the FCRA requires that the contributions be itemized. DO NOT LIST in-kind contributions or loans on this form. U



Contributions from that source to be itemized. 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		
Michael Mehlhoff	108 Kentwood Trail Circle, Alabaster, AL 35007		✓				8/24/2020	\$25.00
Walmart (Refund)	9085 Hwy 119, Alabaster, AL 35007	✓					8/31/2020	\$5.07
Gary Mehlhoff	112 Duck Cove, Elmore, AL 36025		✓				8/31/2020	\$500.00
Amazon Market Place (Refund)	Online Order	✓					9/1/2020	\$15.95
Arrow Air Systems, LLC	1065 Commerce Circle, Pelham, AL 35124	✓					9/1/2020	\$500.00
Michael Mehlhoff	108 Kentwood Trail Circle, Alabaster, AL 35007		✓				9/7/2020	\$25.00
Vista Print (Refund)	Online Order	✓					9/8/2020	\$55.41
Michael Mehlhoff	108 Kentwood Trail Circle, Alabaster, AL 35007		✓				9/9/2020	\$3.82

TOTAL CASH CONTRIBUTIONS THIS PAGE

\$1,130.25



NAME OF CANDIDATE OR ELECTED OFFICIAL: Michael Mehlhoff

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		

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FORM REVISED 10.27.2011

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

\$0.00



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.

[illegible]

**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**

Facebook	Online Order		✓															8/24/2020	\$25.00
Vista Print	Online Order		✓															9/3/2020	\$184.73
23 Design	115 David Green Rd., Ste. A Birmingham, AL 35244		✓															9/4/2020	\$702.29
Facebook	Online Order		✓															9/7/2020	\$25.00
Facebook	Online Order		✓															9/9/2020	\$3.82



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TOTAL EXPENDITURES THIS PAGE



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**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
Lodging
Transportation
Interest

OTHER
GIVE
BRIEF
EXPLANATION

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

**AMOUNT
OF
EXPENDITURE**

TOTAL EXPENDITURES THIS PAGE

\$0.00



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