

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

FILED IN OFFICE
PROBATE COURT

SEP 16 REC'D

JAMES P. NAFFEL II
Judge of Probate

E.O.D.

☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

County Division Code: AL040
Inst. # 2020103375 Pages: 1 of 6
I certify this instrument filed on
9/16/2020 12:13 PM Doc: ELCAPRE
Judge of Probate
Jefferson County, AL.

Clerk: NICOLE

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 <input type="checkbox"/> Check box if reporting new address 1036 DIANE ST. | |
| City huntsville | State AL |
| ZIP Code 35894 | Telephone Number [REDACTED] |

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

9-11-20

6

Summary of activity since last filed report

| | | | |
|---------------------------------------|---|----|----------------|
| 1 | Beginning balance (ending balance from previous filing) | 1 | 7373.42 |
| 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 | |
| 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 | 5843.76 |
| 5b | Non-itemized expenditures | 5b | |
| 5c | Total expenditures (add lines 5a and 5b) | 5c | 5843.76 |
| 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 | 1469.66 |

7373.42

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

Date

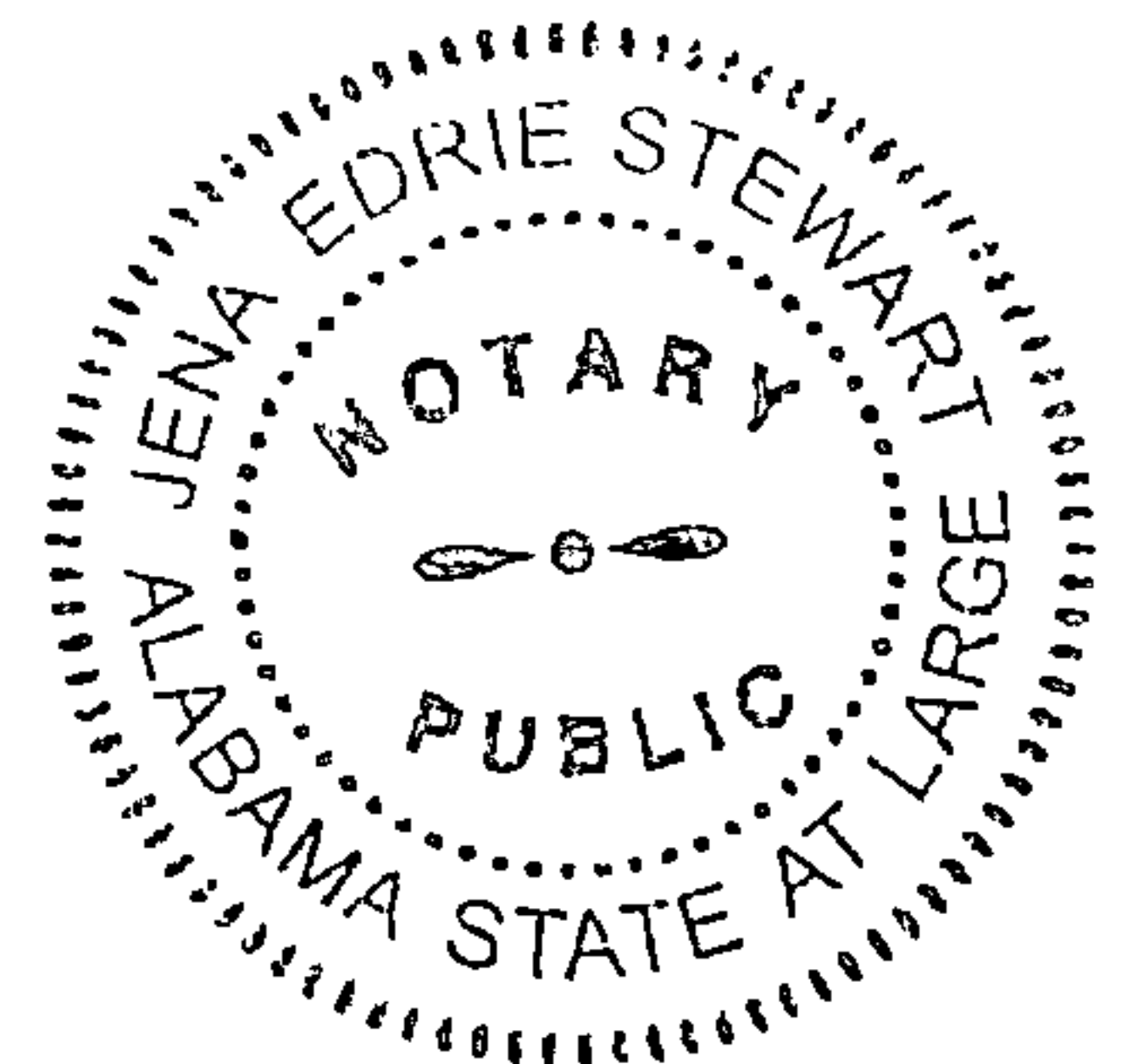
9/11/20

Sworn to and subscribed before me this **11th** day of **Sept** of the year **2020**. My commission expires the **28th** day of **Sept** of the year **2020**.

Signature of Notary Public

Print Notary's Name

Jena Edrie Stewart



FORM REVISED 06.05.2017



20201009000459760 1/6 \$0.00
Shelby Cnty Judge of Probate, AL
10/09/2020 02:12:25 PM FILED/CERT

David Miller

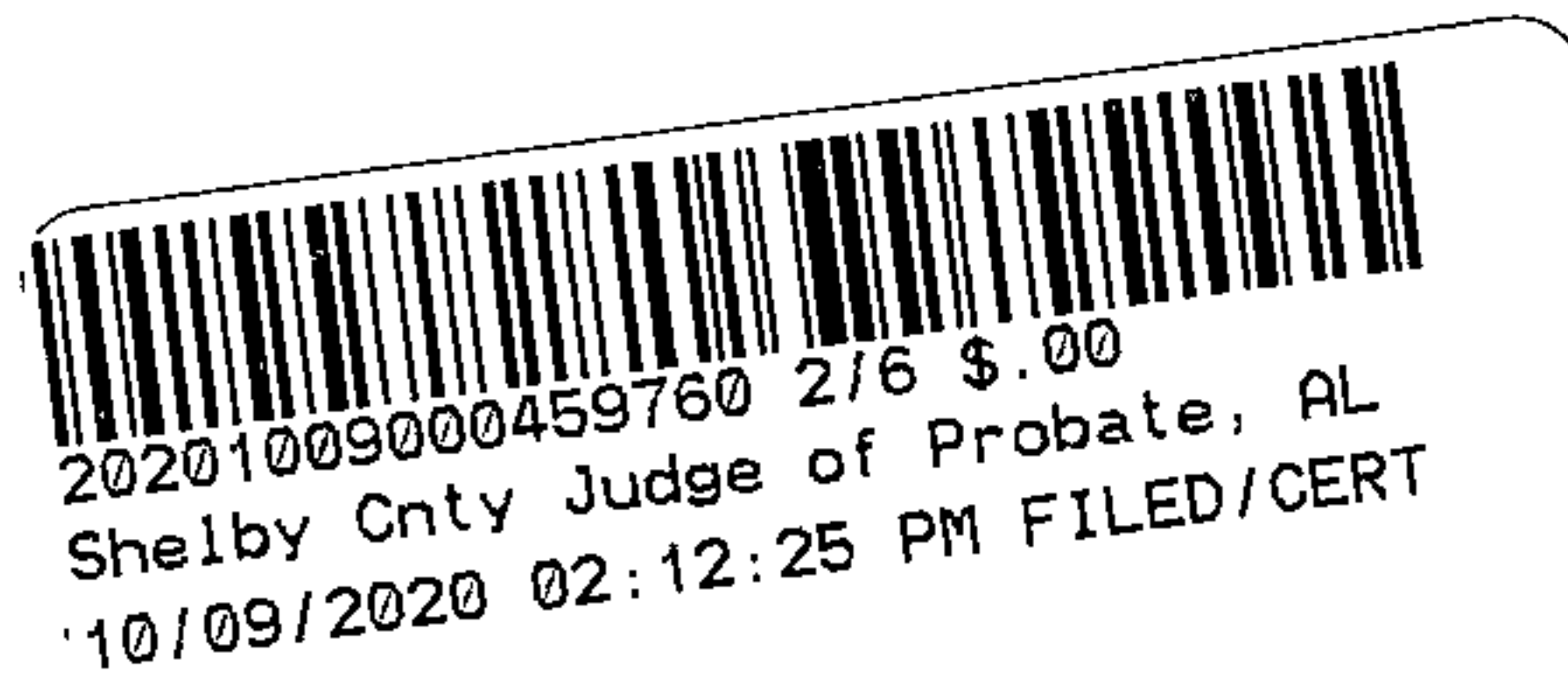
PAGE 2 OF 6

| 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 | | |
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| | | TOTAL CASH CONTRIBUTIONS THIS PAGE | | | | | | \$0.00 |

FORM REVISED 10.29.99

TOTAL CASH CONTRIBUTIONS THIS PAGE

\$0.00



**FORM 3: In-Kind Contributions** received by candidate or elected officialNAME 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 | | | | | |
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| FORM REVISED 10.27.2011 | | TOTAL IN-KIND CONTRIBUTIONS THIS PAGE | | | | | | | | | | | | | | \$0.00 | | |

None



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Shelby Cnty Judge of Probate, AL
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NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

David Miller

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 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 GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | RECEIPT SOURCE (CHECK ONE) | | | | | DATE RECEIVED (mo./day/yr.) | AMOUNT OF RECEIPT |
| | | Interest | Loan | Other | | Lending Institution | PAC | Individual | Business | Other | | |
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Shelby Cnty Judge of Probate, AL
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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) | | | | | | | | | | 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 | | |
| IMAGE MASTER | PO Box 59056 Birmingham AL 35259 | | ✓ | | | | | | | | | 9/9/20 | 5843.76 |
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| TOTAL EXPENDITURES THIS PAGE | | | | | | | | | | | | 5843.76 | |

FORM REVISED 10.27.2011



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 Shelby Cnty Judge of Probate, AL
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David Miller

| 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 | OTHER GIVE BRIEF EXPLANATION | | |
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| | | TOTAL EXPENDITURES THIS PAGE | | | | | | | | | | | \$0.00 |

FORM REVISED 5.19.2017

TOTAL EXPENDITURES THIS PAGE

\$61.00

NONE



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Shelby Cnty Judge of Probate, AL

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