

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

FILED IN OFFICE
PROBATE COURT

JAN 04 REC'D

JAMES P. NAFTEL, II
Judge of Probate

County Division Code: AL040
Inst. # 2021000719 Pages: 1 of 3
I certify this instrument filed on
1/4/2021 2:01 PM Doc: ELCAPRE
Judge of Probate
Jefferson County, AL.

Clerk: NICOLE

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official John Hilliard		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Birmingham City Council District 9			
Address ☐ Check box if reporting new address 1625 Castleberry Way			
City Birmingham	State AL	ZIP Code 35214	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month for which the
report is filed.

December 2020

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

Total Number of
Pages in Report

3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$5,050.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$2,200.00
2b	Non-itemized cash contributions	2b	\$0.00
2c	Total cash contributions (add lines 2a and 2b)	2c	\$2,200.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00
3b	Non-itemized in-kind contributions	3b	\$0.00
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	\$0.00
4b	Non-itemized Receipts from Other Sources	4b	\$0.00
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$1,500.00
5b	Non-itemized expenditures	5b	\$52.15
5c	Total expenditures (add lines 5a and 5b)	5c	\$1,552.15
Expenditures on Line of Credit			
6a	Itemized expenditures (total from Form 6)	6a	\$0.00
6b	Non-itemized expenditures	6b	\$0.00
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	\$5,697.85

20210202000055210 1/3 \$0.00
Shelby Cnty Judge of Probate, AL
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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: John R. Hilliard Date: 1/4/21

Sworn to and subscribed before me this 4th day of January of the year 2021. My commission expires the 1st day of January of the year 2021.

Signature of Notary Public: Emma Lacey Tolbert
Notary Public, Alabama State at Large
My Commission Expires Jan. 11, 2021



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Hilliard

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		
Walter Schoel	3300 Hermitage Rd. Birmingham, AL 35223		✓				12/3/2020	\$1,000.00
Randall Minor	223 Devon Drive Birmingham, AL 35209		✓				12/7/2020	\$1,000.00
Lauriello Realty & Development Corporation	P.O. Box 3015 Birmingham, AL 35202	✓					12/14/2020	\$200.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$2,200.00

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NAME OF CANDIDATE OR ELECTED OFFICIAL: John Hilliard

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		
Alexandria Hilliard	1936 Castleberry Way Birmingham, AL 35214	☒										12/22/2020	\$1,500.00
TOTAL EXPENDITURES THIS PAGE												\$1,500.00	



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FORM REVISED 10.27.2011



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