

MONTHLY &amp; WEEKLY


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**
**Candidate & Elected  
Campaign Finance Report  
SUMMARY FORM 1**
**RECEIVED IN OFFICE  
PROBATE COURT**
**APR 05 2021**
**JAMES P. NAFTEL, II  
Judge of Probate**

THIS AREA FOR OFFICIAL USE ONLY

 County Division Code: AL040  
 Inst. # 2021038321 Pages: 1 of 6  
 I certify this instrument filed on  
 4/5/2021 9:20 AM Doc: ELCAPRE  
 Judge of Probate  
 Jefferson County, AL.

Clerk: SMITHMO

Type of Report (c)

☒ Monthly☐ Weekly☐ Amended Weekly
 For Monthly Reports  
 Month for which the  
 report is filed.

March 2021

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

 Total Number of  
 Pages in Report

Please Print in Ink or Type.

Name of Candidate or Elected Official

Barbara Files-Kennedy

Office Sought or Held (Include district or circuit number, if applicable)

Birmingham City Council, District 8

Address ☐ Check box if reporting new address

1136 16th Ave W

City

State

ZIP Code

Telephone Number

Birmingham

AL

35204

Non-Partisan

**Summary of activity since last filed report**

|                                       |                                                               |    |          |
|---------------------------------------|---------------------------------------------------------------|----|----------|
| 1                                     | Beginning balance (ending balance from previous filing)       | 1  | 0        |
| <b>Cash Contributions</b>             |                                                               |    |          |
| 2a                                    | Itemized cash contributions (total from Form 2)               | 2a | 809.30   |
| 2b                                    | Non-itemized cash contributions                               | 2b | 296.00   |
| 2c                                    | Total cash contributions (add lines 2a and 2b)                | 2c | 1,105.30 |
| <b>In-Kind Contributions</b>          |                                                               |    |          |
| 3a                                    | Itemized in-kind contributions (total from Form 3)            | 3a | 0        |
| 3b                                    | Non-itemized in-kind contributions                            | 3b | 107.70   |
| 3c                                    | Total in-kind contributions (add lines 3a and 3b)             | 3c | 107.70   |
| <b>Receipts from Other Sources</b>    |                                                               |    |          |
| 4a                                    | Itemized Receipts from Other Sources (total from Form 4)      | 4a | 250.00   |
| 4b                                    | Non-itemized Receipts from Other Sources                      | 4b |          |
| 4c                                    | Total receipts from other sources (add lines 4a and 4b)       | 4c | 250.00   |
| <b>Expenditures</b>                   |                                                               |    |          |
| 5a                                    | Itemized expenditures (total from Form 5)                     | 5a | \$250    |
| 5b                                    | Non-itemized expenditures                                     | 5b | 0        |
| 5c                                    | Total expenditures (add lines 5a and 5b)                      | 5c | 250.00   |
| <b>Expenditures on Line of Credit</b> |                                                               |    |          |
| 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   |
| 7                                     | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 7  | 1,105.30 |

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 Barbara Files-Kennedy Date 4/2/2021

FORM REVISED 06.06.2017

 Sworn to and subscribed before me this 2 day of April of the year 2021. My commission expires the 17 day of October of the year 2023.

 Signature of Notary Public [Signature]  
 Print Notary's Name LOUIS JAMES WILLIE IV
**LOUIS JAMES WILLIE IV  
Notary Public  
Alabama State at Large  
My Commission Expires Oct. 17, 2023**

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## FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Barbara Files-Kennedy

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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE<br>OF CONTRIBUTION<br>(CHECK ONE) |            |     |       |          |           | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|------------|-----|-------|----------|-----------|---------------------------------------------------|------------------------------|
|                                    |                                                                                 | Business or<br>Corporation               | Individual | PAC | Other | Returned |           |                                                   |                              |
| Joyce Brown                        | 423 11 <sup>th</sup> St S, Bessemer AL 35020                                    |                                          | ✓          |     |       |          | 3/6/2021  | 100                                               |                              |
| Deanna Dorsey                      | 1709 6 <sup>th</sup> Pl NW Birmingham AL 35215                                  |                                          | ✓          |     |       |          | 3/8/2021  | 100                                               |                              |
| Timmorah Yisrael                   | 601 Dublin Ave Birmingham AL 35212                                              |                                          | ✓          |     |       |          | 3/23/2021 | 100                                               |                              |
| Artis Thomas                       | 1127 Gold Rush Blvd Charlotte NC<br>27262                                       |                                          | ✓          |     |       |          | 3/23/2021 | 100                                               |                              |
| Dr C. Latten                       | 707 Ottawa Dr Birmingham AL 35214                                               |                                          | ✓          |     |       |          | 3/5/2021  | 100                                               |                              |
| Nicole Regina Hill                 | 462 Westwood Dr Marrero LA 70072                                                |                                          | ✓          |     |       |          | 3/17/2021 | 100                                               |                              |
| ENG Construction                   | 701 Oneida Dr Birmingham AL 35214                                               | ✓                                        |            |     |       |          | 3/24/2021 | 209.30                                            |                              |
|                                    |                                                                                 |                                          |            |     |       |          |           |                                                   |                              |
|                                    |                                                                                 |                                          |            |     |       |          |           |                                                   |                              |
| TOTAL CASH CONTRIBUTIONS THIS PAGE |                                                                                 |                                          |            |     |       |          |           | \$809.30                                          |                              |

FORM REVISED 10.27.2011







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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Barbara Files-Kennedy

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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       |                          |            | SOURCE<br>(CHECK ONE) |       |  |  |        | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----------------------|-------|--|--|--------|---------------------------------------------------|------------------------------|
|                                    |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC                   | Other |  |  |        |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |        |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |        |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |        |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |        |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |        |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |        |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |        |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |        |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |        |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |  |        |                                                   |                              |
|                                    |                                                                                 | TOTAL IN-KIND CONTRIBUTIONS THIS PAGE |             |                         |           |      |      |                |       |                          |            |                       |       |  |  | \$0.00 |                                                   |                              |

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**FORM 4: Receipts from Other Sources** loans, interest, and other sources of incomeNAME OF CANDIDATE OR ELECTED OFFICIAL: Barbara Files-Kennedy

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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN<br><br>GUARANTORS<br><small>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]</small> | RECEIPT SOURCE<br>(CHECK ONE) |     |            |          |       |  | DATE RECEIVED<br>(mo./day/yr.) | AMOUNT OF RECEIPT |
|------------------------------------------|------------------------------------------------------------------------------|-----------------|------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----|------------|----------|-------|--|--------------------------------|-------------------|
|                                          |                                                                              | Interest        | Loan | Other |                                                                                                                                                                             | Lending Institution           | PAC | Individual | Business | Other |  |                                |                   |
| Louis James Willie IV                    | 258 Lake Drive Cir<br>NE Birmingham 35215                                    |                 | ✓    |       |                                                                                                                                                                             |                               |     | ✓          |          |       |  | 3/9/2021                       | 250.00            |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                             |                               |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                             |                               |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                             |                               |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                             |                               |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                             |                               |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                             |                               |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                             |                               |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                             |                               |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                             |                               |     |            |          |       |  |                                |                   |
|                                          |                                                                              |                 |      |       |                                                                                                                                                                             |                               |     |            |          |       |  |                                |                   |
| FORM REVISED 10.27.2011                  |                                                                              |                 |      |       |                                                                                                                                                                             |                               |     |            |          |       |  | TOTAL RECEIPTS THIS PAGE       | \$250.00          |



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# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Barbara Files-Kennedy

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                   |         |                |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|---------|----------------|---------------------------------------|-----------------------------------------|-----------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |                                         |                             |
| AL Democratic Party                                                   | 501 Adams Ave<br>Montgomery AL 36104                                            |                                       |             |                         |                            |      |             |                   |         |                | Voter<br>File                         | 3/17/2021                               | 250.00                      |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         |                             |
| TOTAL EXPENDITURES THIS PAGE                                          |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         | \$250.00                    |

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**FORM 6: Expenditures On Line of Credit** by candidate or elected officialNAME OF CANDIDATE OR ELECTED OFFICIAL: Barbara Files Kennedy

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |              |      |             |         |                |          |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|--------------|------|-------------|---------|----------------|----------|---------------------------------------|-----------------------------------------|-----------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Contribution | Food | Fundraising | Lodging | Transportation | Interest | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
| TOTAL EXPENDITURES THIS PAGE                                          |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         | \$ 0.00                     |

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