

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

RECEIVED IN OFFICE
PROBATE COURT

MAY 04 2021

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

County Division Code: AL040
Inst. # 2021051852 Pages: 1 of 4
I certify this instrument filed on
5/4/2021 9:30 AM Doc: ELPCPRE
Judge of Probate
Jefferson County, AL.

Clerk: CRONANL

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 205-249-3180

Type of Report (check one)

☒ Monthly
☐ Weekly

☐ Amended Monthly
☐ Amended Weekly

For Monthly Reports
Month for which the
report is filed.

April 2021

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

Total Number of
Pages in Report

4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$13,162.40
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$5,750.00	
2b	Non-itemized cash contributions	2b	\$0.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$5,750.00	
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	\$6,765.05	
5b	Non-itemized expenditures	5b	\$5.00	
5c	Total expenditures (add lines 5a and 5b)	5c	\$6,770.05	
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	\$12,142.35	

20210519000246430 1/4 \$0.00
Shelby Cnty Judge of Probate, AL
05/19/2021 10:58:44 AM FILED/CERT

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: 5/2/21

Sworn to and subscribed before me this 2nd day of May of the year 2021. My commission expires the 11th day of Jan. of the year 2025.

Signature of Notary Public

EMMA LACEY TOLBERT
Notary Public, Alabama State at Large
My Commission Expires Jan. 11, 2025

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

TOTAL EXPENDITURES THIS PAGE

FORM REVISED 10.27.2011



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Form 2: Contributions Received
Name of Candidate: John Hilliard

Contributor	Address		Source	Date	Amount
Ronnie Rice	1623 2nd Avenue North	Birmingham, AL 35203	Individual	4/4/2021	\$500.00
Arrington Funeral Home, Inc.	520 Cotton Ave. SW	Birmingham, AL 35211	Business	4/8/2021	\$1,000.00
Petway French & Ford	300 Luckie Drive	Birmingham, AL 35209	Business	4/5/2021	\$1,000.00
Positive Plumbing LLC	2513 30th Ave. N	Birmingham, AL 35207	Individual	4/13/2021	\$1,000.00
Southern Strategy Group PAC	2 North Jackson Street, Ste. 300	Montgomery, AL 36104	PAC	4/16/2021	\$1,500.00
VPAC	2101 Highland Avenue, Ste. 420	Birmingham, AL 35205	PAC	4/20/2021	\$500.00
Brasfield & Gorrie LLC	3021 7th Avenue South	Birmingham, AL 35233	Business	4/20/2021	\$250.00
TOTAL					\$5,750.00

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05/19/2021 10:58:44 AM FILED/CERT

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		
See Attached Schedule								
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00