

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

RECEIVED IN OFFICE
PROBATE COURT

MAY 04 2021

County Division Code: AL040
Inst. # 2021051921 Pages: 1 of 3
I certify this instrument filed on
5/4/2021 11:17 AM Doc: ELCAPRE
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 <u>Barbara Files-Kennedy</u>		Political Party/Ballot Affiliation <u>NA</u>	
Office Sought or Held (include district or circuit number, if applicable) <u>Birmingham City Council, District 8</u>			
Address ☐ Check box if reporting new address <u>1136 16th Avenue</u>			
City <u>Birmingham</u>	State <u>AL</u>	ZIP Code <u>35204</u>	Telephone Number <u>205 760 0206</u>

Type of Report (check one)

☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ 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

3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<u>1,105.30</u>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	<u>650.00</u>
2b	Non-itemized cash contributions	2b	<u>50.00</u>
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>700.00</u>
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	
3b	Non-itemized in-kind contributions	3b	<u>40.00</u>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<u>40.00</u>
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<u>0</u>
4b	Non-itemized Receipts from Other Sources	4b	<u>0</u>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<u>0</u>
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	<u>1,000</u>
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	<u>1,000</u>
Expenditures on Line of Credit			
6a	Itemized expenditures (total from Form 6)	6a	<u>0</u>
6b	Non-itemized expenditures	6b	<u>0</u>
6c	Total expenditures on credit (add lines 6a and 6b)	6c	<u>0</u>
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<u>\$805.30</u>

20210519000246560 1/3 \$.00
Shelby Cnty Judge of Probate, AL
05/19/2021 11:16:57 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.

Barbara Files-Kennedy 5/4/2021
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 4th day of May of the year 2021. My commission expires the 17th day of Oct of the year 2023.

Louis James Willie IV
Signature of Notary Public

Louis James Willie IV
Print Notary's Name

LOUIS JAMES WILLIE IV
Notary Public
Alabama State at Large
My Commission Expires Oct 17, 2023



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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		
Debra Files	4724 Terrace S Birmingham AL 35208		X				50
Valencia Green	229 11th Ave SW Birmingham AL 35211		X				400
Valencia Green	229 11th Ave SW Birmingham AL 35211		X				200
TOTAL CASH CONTRIBUTIONS THIS PAGE							\$ 650



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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 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		
Marcus O'Dell	312 Penny Lane Trussville AL 35773			X								4/6/2021	\$1000.00
		TOTAL EXPENDITURES THIS PAGE										\$	1000.00

FORM REVISED 10.27.2011