
 I certify this instrument filed on
 8/9/2021 2:38 PM Doc: ELCAPRE
 Judge of Probate
 Jefferson County, AL.

Clerk: CRAWFORD

Candidate & Elected Official

Campaign Finance Report

SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official Alice Renee Speake		Political Party/Secret Affiliation N/A	
Office Sought or Held (include district or precinct number, if applicable) Birmingham City Council District 3			
Address ☐ Check box if reporting new address PO Box 550345			
City Birmingham, AL	State 35205	ZIP Code 205-282-9214	Telephone Number 205-282-9214

Type of Report (check one)

☐ Monthly☐ Amended Monthly☒ Weekly☐ Amended Weekly
 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
Aug 6 2021**8**

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$2866.36
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$450
2b	Non-itemized cash contributions	2b	\$0
2c	Total cash contributions (add lines 2a and 2b)	2c	\$450
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0
3b	Non-itemized in-kind contributions	3b	\$0
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$0
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$0
4b	Non-itemized Receipts from Other Sources	4b	\$0
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$10.44
5b	Non-itemized expenditures	5b	\$0
5c	Total expenditures (add lines 5a and 5b)	5c	\$10.44
Expenditures on Line of Credit			
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
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	\$3305.92

 RECEIVED IN OFFICE
 PROBATE COURT
 AUG 09 2021
 JAMES P. NAFTEL, II
 Judge of Probate
 E.O.D.

 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

Sworn to and subscribed before me this

_____ of the year

the _____ day of

Signature of Notary Public

Print Notary's Name

 My Commission Expires
 of the **March 1, 2025**

FORM 2: Contributions received by 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.

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

FORM REVISED 9.2.2011



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2

Contributor	Address	Source (Business or Corporation; Individual; PAC; Other; Returned)	Date Contribution Received (mm. /day/yr.)	Amount of Contribution (\$)
Joseph Dickerson	See Footnote "A"	Individual	8/6/2021	\$ 10.00
Sam Blatt	See Footnote "A"	Individual	8/6/2021	\$ 40.00
Samantha Thurber	See Footnote "A"	Individual	8/3/2021	\$ 50.00
Lis Cox	See Footnote "A"	Individual	8/3/2021	\$ 50.00
Lindsay Yeates	2209 Blue Ridge Blvd, Hoover, AL 35226	Individual	8/2/2021	\$ 300.00
			Total	\$450.00

Footnote "A": The FCPA requires that cash contributions made to a candidate from a single source of more than \$100 be itemized. However, a candidate may elect to itemize contributions from contributors that have not met this threshold. This contributor has not contributions exceeding \$100, however the candidate has elected to include their name in the itemized list for transparency and accountability. If additional subsequent donations from the same contributor bring the total contributed to this campaign to more than \$100, the contributor's address will be listed in subsequent campaign finance reports once the contribution threshold is met.

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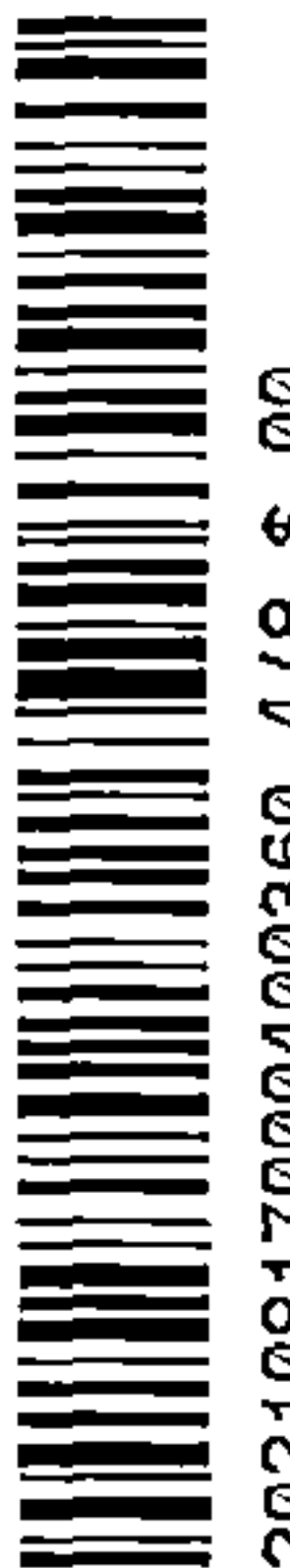
FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Alice Renee Speake

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				
	Not applicable																
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																	





FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Alice Renee Speake

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 (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		
	Not applicable											
TOTAL RECEIPTS THIS PAGE												

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Person / Group / Business Receiving Expenditure	Address	Purpose (Administrative; Advertising; Consulting/Polling; Charitable Contribution; Food; Fundraising; Loan Repayment; Lodging; Transportation; Other – Give Brief Explanation)	Date of Expenditure (mo./day/yr.)	Amount of Expenditure
Act Blue	PO Box 441146, Somerville, MA 02144-0031	Administrative	8/4/2021	S 10.44
Total				\$10.44



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**FORM 5: Expenditures by candidate or elected official**NAME OF CANDIDATE OR ELECTED OFFICIAL: Alice Renee Speake

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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
	See attached schedule												
TOTAL EXPENDITURES THIS PAGE													



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**FORM 6: Expenditures On Line of Credit** by candidate or elected officialNAME OF CANDIDATE OR ELECTED OFFICIAL: Alice Renee Speake

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/ Petting	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION		
	Not applicable												
TOTAL EXPENDITURES THIS PAGE													


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