

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

FILED IN OFFICE
PROBATE COURT
JUL 09 REC'D
JAMES S. JAMES
E.O.D. Judge of Probate

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040
Inst. # 2021079566 Pages: 1 of 6
I certify this instrument filed on
7/9/2021 3:43 PM Doc: ELCAPRE
Judge of Probate
Jefferson County, AL.

Clerk: NICOLE

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20210817000400810 1/5 \$.00
Shelby Cnty Judge of Probate, AL
08/17/2021 11:30:59 AM FILED/CERT

Please Print in Ink or Type

Name of Candidate or Elected Official Cerissa Brown		Political Party/Ballot Affiliation Non Partisan	
Office Sought or Held (include district or circuit number, if applicable) Mayor of Birmingham			
Address <input type="checkbox"/> Check box if reporting new address PO Box 17041			
City Birmingham	State Al	ZIP Code 35201	Telephone Number [REDACTED]

of Report (check one)

<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Amended Monthly
<input type="checkbox"/> Weekly	<input type="checkbox"/> Amended Weekly

For Monthly Reports
Month for which the report is filed.

Feb

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

Total Number of Pages in Report

6

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	327.72	
2b	Non-itemized cash contributions	2b	142.97	
2c	Total cash contributions (add lines 2a and 2b)	2c	470.69	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	1,500	
3b	Non-itemized in-kind contributions	3b	241.92	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	1,741.92	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		\$0.00
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a		
6b	Non-itemized expenditures	6b		
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		

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.

	Date
--	------

Sworn to and subscribed before me this 9th day of July of the year 2021. My commission expires the 17th day of April of the year 2024.

Signature of Notary Public
Thomas Parkman
Print Notary's Name



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	Returned		
Dr. Dexter LeBlanc			<input checked="" type="checkbox"/>				02/05/2021	\$23.47
Tony Meyers			<input checked="" type="checkbox"/>				02/18/2021	\$147.92
David Anderson			<input checked="" type="checkbox"/>				02/24/2021	\$179.80
Adina Peyton			<input checked="" type="checkbox"/>				02/25/2021	\$94.50
Willie McRay	1708 2nd Ct W. Birmingham, AL 35208		<input checked="" type="checkbox"/>				02/13/2021	\$2500
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

20210817000400810 2/5 \$.00
Shelby City Judge of Probate, AL
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FORM 3: In-Kind 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 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
Boost mobile														02/18/2021	\$ 54.99
Darcel Brown		✓												02/23/2021	\$ 1,000.00
Brandon Rorell		✓												2/23/2021	\$ 500.00
USPS P.O. Boxes		✓												2/24/2021	\$ 67.00
Boost mobile														2/27/2021	\$ 35.00
Amazon.com														2/28/2021	\$ 42.11
Facebook AD			✓											2/28/2021	\$ 10.00
Amazon.com														2/28/2021	\$ 32.82
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															\$ 0.00

20210817000400810 3/5 \$.00
 Shelby Cnty Judge of Probate, AL
 08/17/2021 11:30:59 AM FILED/CERT





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

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 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			
TOTAL RECEIPTS THIS PAGE												\$0.00	

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FORM 6: Expenditures On Line of Credit by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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	Lodging	Transportation	Interest		
TOTAL EXPENDITURES THIS PAGE											\$ 0.00	

20210817000400810 5/5 \$.00
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