



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

FILED IN OFFICE
PROBATE COURT

JUL 09 REC'D

JAMES E. JONES
Judge of Probate
E.O.D.

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040
Inst. # 2021079568 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

20210817000400830 1/6 \$.00
Shelby Cnty Judge of Probate, AL
08/17/2021 11:31:01 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]

Report (check one)

☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month for which the
report is filed.

April

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	
2b	Non-itemized cash contributions	2b	80.00
2c	Total cash contributions (add lines 2a and 2b)	2c	80.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	200.00
3b	Non-itemized in-kind contributions	3b	293.59
3c	Total in-kind contributions (add lines 3a and 3b)	3c	493.59
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.

Signature of Candidate or Elected Official

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

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		
Cerissa Brown	1623 2nd Ave N Apt 1802 Birmingham, AL 35203		<input checked="" type="checkbox"/>				4/25/2021	\$40.00
Willie McKay	1708 2nd Ct W. Birmingham, AL 35208		<input checked="" type="checkbox"/>				4/12/2021	\$40.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00





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				
Darryl Williams			✓											4/1/2021	\$200.00		
Boost mobile									✓	✓				4/2/2021	\$35.00		
Google GSuite										✓				4/3/2021	\$36.00		
Facebook Pay										✓				4/7/2021	\$50.00		
Kyle Gibson														4/23/2021	\$26.00		
McComb														4/26/2021	\$25.00		
Act Blue										✓				4/29/2021	\$40.00		
Facebook AD			✓							✓				4/28/2021	\$29.54		
Kyle Gibson														4/30/2021	\$52.00		
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															\$0.00		



NAME OF CANDIDATE OR ELECTED OFFICIAL:

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

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NAME OF CANDIDATE OR ELECTED OFFICIAL:

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		
TOTAL EXPENDITURES THIS PAGE												\$0.00

FORM REVISED 10.27.2011

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FORM REVISED 10.27.2011



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	OTHER GIVE BRIEF EXPLANATION		
TOTAL EXPENDITURES THIS PAGE												\$ 0.00	

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FORM REVISED 5.19.2017