City

Name of Candidate or Elected Official

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

SUMMARY FORM 1

Office Sought or Held (include district or circuit number, if applicable)

rmingham CHU COUNCI

Address Check box if reporting new address

1615 18+h Way 5 W

irmingham

FILED IN OFFICE PROBATE COURT

AUG 16 REC'D

Candidate & Elected Official Campaign Finance Report

Please Print in lnk or Type.

State

Report

205-283-6874

of Report (check one) 20210819000406020 1/3 \$.00 Monthly Amended Monthly Shelby Cnty Judge of Probate, AL 08/19/2021 02:33:11 PM FILED/CERT /Weekly Amended Weekly For Mønthly Reports Month for which the report is filed. For Weekly Reports Date of Friday in the AY945+ 13, 2021 week for which the report is filed. ZIP Code Telephone Number **Total Number of**

Pages in Report

THIS AREA FOR OFFICIAL USE ONLY

8/16/2021 11:48 AM Doc: ELCAPRE

County Division Code: AL040

Inst. # 2021094794 Pages: 1 of 3

I certify this instrument filed on

Judge of Probate

Clerk: NICOLE

Jefferson County, AL.

S	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)	1 2 1 1 1 2		1	\$1000
	Cash Contributions	7 .	The same of the sa		
2a	Itemized cash contributions (total from Form 2)	2a	0		
	Non-itemized cash contributions	2b		To the second	
2c	Total cash contributions (add lines 2a and 2b)			2 c	\$0.00
In-Kind Contributions					
3a	Itemized in-kind contributions (total from Form 3)	3a	0		
3b	Non-itemized in-kind contributions	3b	\$ 400		
3с	Total in-kind contributions (add lines 3a and 3b)	3c	4400 \$0.00		
	Receipts from Other Sources	4			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	D		
4b	Non-itemized Receipts from Other Sources	4b	. 0		
4c	Total receipts from other sources (add lines 4a and 4b)	- til 5		4c	\$0.00
Expenditures		1.00			
5a	Itemized expenditures (total from Form 5)	5a	\$255		
5b	Non-itemized expenditures	5b	0		
5c	Total expenditures (add lines 5a and 5b)	7,7		5c	\$0.00
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	O \$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			7	\$24,50.00
				l	

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

__ day of

of the year Alah of the year 2024.

Signature of Netary Public

Shelik

Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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



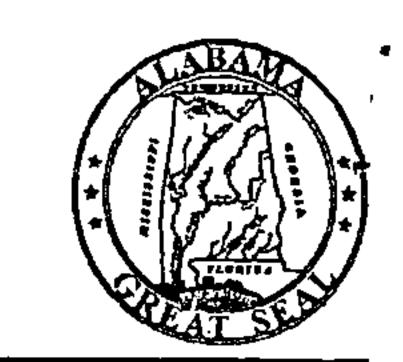
NAME OF CANDIDATE OR ELECTED OFFICIAL: Don Donnie Stone

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. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) CAMP OF ON CONTRIBUTOR ADDRESS DATE **AMOUNT** Administrative
Advertising
Consultants/
Polling
Equipment
Food
Transportation
Other IN IN Individual
Individual
PAC (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE OF CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) DON Donnie Stone Birminghan, Atabana 35211 08/02/2021 \$40000 TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL: Don Donnie Stove





When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. **PURPOSE OF EXPENDITURE** (CHECK ONE)

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Charitable Contribution	poo	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Valis Printing	Pleasant-Grove, AL. 35127		X								SigNS and Banners	08/09/21	\$ 25500
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	·												
202108 She1by 08/19/													
19004060 Cnty Jud 2021 02:3													
020 3/3 \$. dge of Pro													
S. 00 S. 00 FILED/CER													
FORM REVISED 10.27.2011						PAGE	\$255,000						