



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160801000427760 1/5 \$.00
Madison Cnty Judge of Probate, AL
08/01/2016 11:02:27 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Pam Hill		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Huntsville City Schools School Board District 5			
Address <input type="checkbox"/> Check box if reporting new address PO Box 12093			
City Huntsville, AL	State AL	ZIP Code 35815	Telephone Number 256-426-4844

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month in which the report is filed.

July

For Weekly Reports

Date of Friday in the week in which the report is filed.

July 29

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	1877.86
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	865	
2b	Non-itemized cash contributions	2b	895	
2c	Total cash contributions (add lines 2a and 2b)	2c	1760	
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	2687.73	
5b	Non-itemized expenditures	5b	203.08	
5c	Total expenditures (add lines 5a and 5b)	5c	2890.81	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	747.05	

Candidates for State Office: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

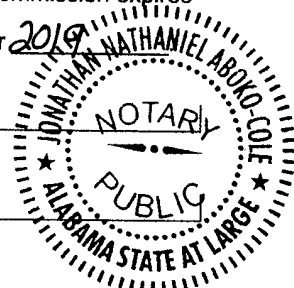
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Pamela Hill
Signature of Candidate or Elected Official

8/1/16
Date

Sworn to and subscribed before me this 1st day of August of the year 2016. My commission expires the 13th day of August of the year 2019.

Jonathan N. Aboko-Cole
Signature of Notary Public
Jonathan N. Aboko-Cole
Print Notary's Name





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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Pam Hill

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						
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																	0		



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Pam Hill

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	



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Pam Hill

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		
Tennessee Valley Sign Co	301 Thomas French Dr Scottsboro, AL 35769		X									7/1/2016	53
Lowe's	7920 Hwy 72 Madison, AL 35757		X									7/7/2016	255.75
Walmart	8580 Hwy 72 W Madison, AL 35757					X						7/8/2016	43.84
Tennessee Valley Sign Co	301 Thomas French Dr Scottsboro, AL 35769		X									7/15/2016	272.5
Tennessee Valley Sign Co	301 Thomas French Dr Scottsboro, AL 35769		X									7/22/2016	749.38
Catbird Media	8027 Madison Blvd Madison, AL 35758		X									7/29/2016	826.7
TOTAL EXPENDITURES THIS PAGE												2687.73	

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