### STATE OF ALABAMA Candidate & Elected Official Campaign Finance Report **SUMMARY FORM 1**



Please Print	in	Ink	or	Type
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	ne of Candidate or Elected Official IM Hill	Political Party.			Type of Report	-	k one) Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)					<b>₩</b> Wee	kly	Amended Weekly
1	Intsville City Schools Board of Education District 5				For Monthly R Month in which		
1	Iress Check box if reporting new address				report is filed.	uie	
PC	) Box 12093				For Weekly Re		
City	State ZIP Code Intsville, AL 35815	mber 844		Date of Friday i week in which t report is filed.		August 12	
					Total Number Pages in Repo		
S	ummary of activity since last filed report						
1	Beginning balance (ending balance from previo	us filing)				1	898.11
	Cash Contributions						
2a	Itemized cash contributions (total from Form 2)		2a		1025	]	
2b	Non-itemized cash contributions		2b		740		
2c	Total cash contributions (add lines 2a and 2b)					2c	1765
	In-Kind Contributions						
За	Itemized in-kind contributions (total from Form 3	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	m 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		1633.05	]	
5b	Non-itemized expenditures		5b		42.91		
5c	Total expenditures (add lines 5a and 5b)					5c	1675.96
6	Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)				6	987.15
Ca	ndidates for State Office: File this report with the Off	ice of the Se	ecreta	ary of State.			
	ndidates for County or Municipal Office: File this re				te of the count	y in w	hich the office is sought.
Asr	equired by the Alabama Fair Campaign Practices Act, I here	eby Swo	rn to	and subscri	bed before me	this	15 day of
swe	ar or affirm to the best of my knowledge and belief that	the A					. My commission expires
	ched report(s) and the information contained herein and correct and that this information is a full and compl	lata	7/				he year 2018
state	ement of all contributions, expenditures, and other requi	uie	<del>\</del> _	uay o	poulit	<b>⊈</b> . Of ti	ile year ZUIO
Intol	mation during the applicable period of time.	, (ı, ,	los	ادوهود	Our		
Sign	Tormuly K Mul   X   X   X   X   X   X   X   X   X	Sign	ture	of Notary Publ	e e		

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

## 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.

CONTRIBUTOR	ADDDEGO	OF	CON	OURO NTRII ECK (	BUTI		DATE	AMOUNT
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	OF CONTRIBUTION
Bell William and Monica	612 Cleermont Dr Huntsville AL 35801		*				Aug 7	200
Bonds Venita	12103 Greenleaf Dr SE Huntsville AL 35803		*				Aug 7	25
Bonds Byron	12103 Greenleaf Dr SE Huntsville AL 35803		*				Aug 7	25
Gaines Lynda	192 Raphael Rd Madison AL 35758		*				Aug 7	25
Lively Laura	1200 McClung AveHuntsville AL 35801		*				Aug 7	200
Orr Charles	32 Walnut Cove Blvd SWHuntsville AL 35824		*				Aug 7	500
Schantz Barbara	7071 Pale Dawn PI SE Owens Cross Roads, AL 35763		*				Aug 7	25
Thompson Bettye	110 Tallow Wood Dr Harvest AL 35749		*				Aug 7	2!
1 REVISED 10.27.2011	TOTAL CASH CO	NTRI	BU	TIC	) NS	   Th	IIS PAGE	1,02

#### 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:



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)					P	JRPC	OSE (CI						
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Charitable	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
AM Booth's Lumberyard	106 Cleveland Ave, Huntsville, AL 35801					*						Aug 7	163.5
24 hour wristbands	14550 Beechnut St, Houston, Texas 77083		*									Aug 10	122.79
Rocket City Broadcasting	1555 The Boardwalk, Ste 1 Huntsville, AL 35806		×									Aug 9	500
Rocket City Broadcasting	1555 The Boardwalk, Ste 1 Huntsville, AL 35806		*									Aug 9	80
Walmart	8580 Hwy 72 W Madison, AL 35757					*						Aug 12	46.7
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ORM REVISED 10.27.2011					T	OT#	AL I	EXP	EN	DIT	URES THIS	PAGE 60815000	9102/20