

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20160808000445560 1/3 \$.00
Madison Cnty Judge of Probate, AL
08/08/2016 03:46:05 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Friends of Pam Hill		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Huntsville City 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.

For Weekly Reports

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

August 5

Total Number of Pages in Report

3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	747.05
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	300	
2b	Non-itemized cash contributions	2b	292	
2c	Total cash contributions (add lines 2a and 2b)	2c	592	
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	383.02	
5b	Non-itemized expenditures	5b	57.92	
5c	Total expenditures (add lines 5a and 5b)	5c	440.94	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	898.11	

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 R Hill | 8/8/16
Signature of Candidate or Elected Official | Date

Sworn to and subscribed before me this 8 day of August of the year 2016. My commission expires the 20 day of June of the year 2017.

Christy P. Campbell
Signature of Notary Public
Christy P. Campbell
Print Notary's Name



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		
Facebook	1 Hacker Way, Menlo Park, CA 94025		X									07/31/16	62.18
Vistaprint	275 Wyman St, Walton, MA 02451		X									08/04/16	16.18
Tennessee Valley Signs	301 Thomas French Dr, Scottsboro, AL 35769		X									08/04/16	304.66
TOTAL EXPENDITURES THIS PAGE													383.02

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