FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Filling

Campaic	20200814000351910 1/1 \$.00 Shelby Cnty Judge of Probate, AL 08/14/2020 11:30:26 AM FILED/CERT

SUMMARY FORM 1

Amended Monthly Monthly Please Print in Ink or Type. Amended Weekly *Weekly Political Party/Ballot Affiliation Name of Candidate or Elected Official For Monthly Reports Month for which the Office Sought or Held (include district or circuit number, if applicable) report is filed. For Weekly Reports Date of Friday in the week for which the report is filed. Telephone Number State City **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) Non-itemized cash contributions 2c Total cash contributions (add lines 2a and 2b) \$0.00 In-Kind Contributions Itemized in-kind contributions (total from Form 3) PROBATE COURT Non-itemized in-kind contributions 3c | Total in-kind contributions (add lines 3a and 3b) \$0.00 Receipts from Other Sources ALAN L. KING Itemized Receipts from Other Sources (total from Form 4) 4a Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) 4c \$0.00 Expenditures Itemized expenditures (total from Form 5) 5b Non-itemized expenditures 5c Total expenditures (add lines 5a and 5b) \$0.00 **Expenditures on Line of Credit** Itemized expenditures (total from Form 6) 6a Non-itemized expenditures 6c Total expenditures on credit (add lines 6a and 6b) \$0.00 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) \$0.00 As required by the Alabama Fair Campaign Practices Act, I hereby Sworn to and subscribed before me this day or swear or affirm to the best of my knowledge and belief that the Huffus i My commission expires of the year attached report(s) and the information contained herein are true and correct and that this information is a full and complete day of Sepit-mist of the year statement of all contributions, expenditures, and other required information during (the applicable period of time. 8-10-202= Signature of Notary Public,

Date

Print Notary's Name

THIS AREA FOR OFFICIAL USE ONLY

8/10/2020 11:32 AM Doc: ELCAPRE

County Division Code: AL040

Inst. # 2020085851 Pages: 1 of 1

I certify this instrument filed on

Judge of Probate

Jefferson County, AL.

Clerk: PEEPLESC

Type of Report (check one)

Signature of Candidate or Elected Official