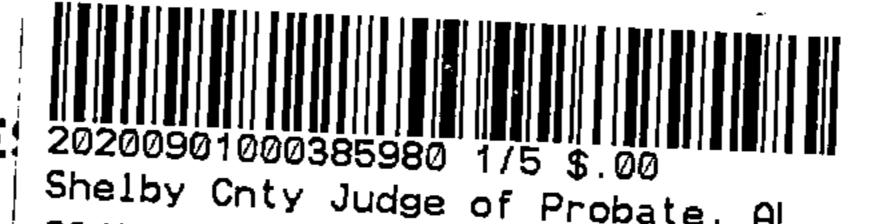
# FAIR CAMPAIGN PRACTICE STATE OF ALABAMA



Shelby Cnty Judge of Probate, AL 09/01/2020 09:58:15 AM FILED/CERT

## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

HIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040 Inst. # 2020093177 Pages: 1 of 6 I certify this instrument filed on 8/25/2020 2:01 PM Doc: ELCAPRE Judge of Probate Jefferson County, AL.

September 17, 2023

Clerk: CRAWFORD

Type of Report (check one)

<b>A.</b>	Please Print in Ink or Type.			_			•	Amended Monthly	
	ne of Candidate or Elected Official	Political Party	//Ballot /	Affiliation			•	Amended Weekly	
	mberly B. Cook	n/a			For Mo Month f	•	•		
	ce Sought or Held (include district or circuit number, if applicable)				report is		,,,		
_	stavia Hills City Council, Place 2 dress Check box if reporting new address				For We	_	-	ì	$\overline{}$
	87 Galen Way				Date of week fo	•		8/14/2020	
City		Telephone No	umber		report is		_		
Ve	stavia Hills AL 35242			,	Total No Pages i				
		·							
S	ummary of activity since last filed report						*		
1	Beginning balance (ending balance from previo	us filing)					1	\$4,469.84	1
~~~	Cash Contributions								<u> </u>
2a	Itemized cash contributions (total from Form 2)		2a	£i	40.08 S	0.00			
2b	Non-itemized cash contributions		2b	FIRB.	00 -	0.00		5100.6D	10 m
2c	Total cash contributions (add lines 2a and 2b)		1 34 8 E				2c _	14-51-1 41 com	5
	In-Kind Contributions								
За	Itemized in-kind contributions (total from Form 3	3)	3a				FI	LED IN OFFICE	
	Non-itemized in-kind contributions		3b		<u>.</u>		PF	ROBATE COURT	600 200 800 800
<del></del>	Total in-kind contributions (add lines 3a and 3b)		3c	<u> </u>		0.00	A	UG 2 5 2020	
	Receipts from Other Sources						200 C. S. C. S. C.		
4a	Itemized Receipts from Other Sources (total from	n Form 4)	4a	un de de la companya			JA	MES P. NAFTEL, II Judge of Probate	5. 3.4 3.4
	Non-itemized Receipts from Other Sources	·	4b			······································			
4c	Total receipts from other sources (add lines 4a	and 4b)					4c	\$0.00	<u> </u>
	Expenditures	<u></u>				L			
5a	Itemized expenditures (total from Form 5)		5a	Contract the Contract		0.00			200 200 200 200 200 200 200 200 200 200
5b	Non-itemized expenditures		5b		<u> </u>				
5c	Total expenditures (add lines 5a and 5b)						5c	\$0.00	
	Expenditures on Line of Credit					L			, (%)
ôa│	Itemized expenditures (total from Form 6)		6a						5 (S. C.
6b	Non-itemized expenditures		6b						(4) (4) (4) (4)
6c	Total expenditures on credit (add lines 6a and 6	ib) ·	6c		\$	0.00		14,569.84	
7	Ending balance (add lines 1, 2c, & 4c, then subtra	ct line 5c)	A STATE				7	\$4,469.84	7
wea ttac ue tate	equired by the Alabama Fair Campaign Practices Act, I here are or affirm to the best of my knowledge and belief that the hed report(s) and the information contained herein a and correct and that this information is a full and complete ment of all contributions, expenditures, and other requirement of during the applicable period of time.  Solution of Candidate or Elected Official  Date	the are the the	gust 17	of th	of Septe Sof	020	N	day of ly commission expires year 2023.	
-	REVISED 06.06.2017	Pririt	A trop	's Name	HOTARY		KATHLE	EN H. POFF	]
	<del> • • •</del>				FUELIC	M	y Comm	ission Expires	

### 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: Kimberly B. Cook

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE AMOUNT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) Returned RECEIVED CONTRIBUTION (mo./day/yr.) TOTAL CASH CONTRIBUTIONS THIS PAGE \$0.00 FORM REVISED 10.27.2011



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#### 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: Kimberly B. Cook

When total	l contributions from a single source exceed \$100.0  DO NOT LIST cash or loans on this	00, th s for	e F( m. L	CPA Jse F	orm	ires a s 2 a	all co	ontrit 4 for	oution thos	ns fro e lis	m th	at so	ource	e to be itemized.	
	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)									SOU				
(INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling		Food	Rent	Transportation	Olher	Business/ Corporation	<u> </u>	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
											-				
ORM REVISED 10.27.2011		T				INE				BU	ΓΙΟ	_	TH	IS PAGE	\$0.00



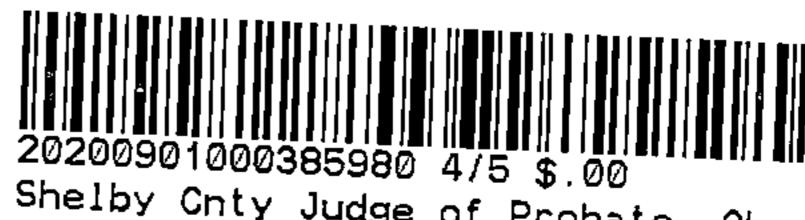
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#### ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Kimberly B. Cook The second with the second second

When total	contributions from a single source	exce	eed S ontril	100. outio	.00, the FCPA requires all contributions from the on this form. Use Forms 2 and 3 for the	on tha	et sou	urce	to be	e iter	nized.	
SOURCE OF PECEIDT			FORM	Л	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ECEI	PT S				
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest Loan Other			GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution PAC		Individual	Business	Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
						-	•					
	,		-				-			-		<del></del>
					,			-				
FORM REVISED 10.27.2011				<u> </u>	TOTAL REC	EIPT		THI:	S P	AG	E	\$0.00



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#### 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: Kimberly B. Cook



	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)				PU	RPO		÷ .					
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	l	Fundraising	Loan Repayment	Lodging	Transportation	OTHER  GIVE  BRIEF  EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURI
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RM REVISED 10.27.2011					T	ATC	AL E	EXF	EN	DIT	URES THIS I	PAGE	\$0.00



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