

10/09/2020 02:12:18 PM FILED/CERT

### Candidate & Elected

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County Division Code: AL040

Month for which the

Inst. # 2020102164 Pages: 1 of 2

9/14/2020 2:09 PM Doc: ELCAPRE

Amended Monthly

Amended Weekly

I certify this instrument filed on

### Judge of Probate Campaign Finance Report Jefferson County, AL. Clerk: NICOLE SUMMARY FORM 1 Type of Report (check one) Monthly Please Print in Ink or Type. Weekly Political Party/Ballot Affiliation Name of Candidate or Elected Official **For Monthly Reports** Robin Schultz

In-Kind Contributions  3a Itemized in-kind contributions (total from Form 3)  3b Non-itemized in-kind contributions  3c Total in-kind contributions (add lines 3a and 3b)  3c \$0.00  Receipts from Other Sources  4a Itemized Receipts from Other Sources (total from Form 4)  4b Non-itemized Receipts from Other Sources  4c Total receipts from other sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5)  5b Non-itemized expenditures  5c Total expenditures (add lines 5a and 5b)  Expenditures on Line of Credit  6a Itemized expenditures (total from Form 6)  6b Non-itemized expenditures  6c Total expenditures on credit (add lines 6a and 6b)  6c Total expenditures on credit (add lines 6a and 6b)  6c Total expenditures on credit (add lines 6a and 6b)  6c Total expenditures on credit (add lines 6a and 6b)  6c Total expenditures on credit (add lines 6a and 6b)  6c Total expenditures on credit (add lines 6a and 6b)  6c Total expenditures on credit (add lines 6a and 6b)  6c Total expenditures on credit (add lines 6a and 6b)  6c Total expenditures on credit (add lines 6a and 6b)	Omc	e Sought or Heid (include district or circuit number, it applicable)		report is filed.				
Summary of activity since last filed report	OOF	ver City Council Place 2						
Summary of activity since last filed report  1 Beginning balance (ending balance from previous filling)  Cash Contributions  2 Itemized cash contributions (total from Form 2)  2 Total cash contributions (add lines 2a and 2b)  In-Kind Contributions  3 Itemized in-kind contributions (total from Form 3)  3 Itemized in-kind contributions (total from Form 3)  3 Itemized in-kind contributions  3 Itemized in-kind contributions  4 Itemized in-kind contributions  5 Total in-kind contributions (add lines 3a and 3b)  3 Receipts from Other Sources  4 Itemized Receipts from Other Sources (total from Form 4)  4 Itemized Receipts from Other Sources (add lines 4a and 4b)  Expenditures  5 Itemized expenditures (total from Form 5)  5 Itemized expenditures (total from Form 5)  5 Itemized expenditures (add lines 5a and 5b)  Expenditures  5 Itemized expenditures (add lines 5a and 5b)  Expenditures on Line of Credit  6 Itemized expenditures (total from Form 6)  6 Itemized expenditures (total from Form 6)  6 Itemized expenditures (add lines 5a and 6b)  6 Total expenditures (add lines 6a and 6b)  6 Total expenditures on credit (add lines 6a and 6b)  6 Total expenditures on credit (add lines 6a and 6b)  6 Total expenditures on credit (add lines 6a and 6b)  6 Total expenditures on credit (add lines 6a and 6b)	week for whi						9/11/2	2020
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	6b	Non-itemized expenditures	6b			r	* * * * *	- ·•
7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 7 \$1,228	6c	Total expenditures on credit (add lines 6a and 6b)	6c	1	\$0.00			_
	7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	)	, .	•	7		\$1,228.29
As required by the Alabama Fair Campaign Practices Act, I hereby  Sworth Togard Subscribed before me this day of				WHIII			1	

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.

Signature of Candidate or Elected Official

FORM REVISED 06.06.2017

Date

of the year 2025 Ny Comm. Zapiras Print Notary's Name

## Ш 8 FOR NCE CAMPAIGN FINA ALABAMA FAIR CAMPAIGN PRACTICES ACT

# official ē candidate penditures

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robin Schultz



03 0 Н EXPENDIT  $\dashv$ \$1 \$1 itemized /2020 (mo./day/yr. that recipient be  $\mathbf{C}$ E SE **EXPLANATION** 品 GIVE BRIEF URE 2 expenditures EXPENDITURE: K ONE) **EXPENDIT** Transportation Lodging Repayment SE OF EX Loan <del>≡</del> requires Fundraising TOTAL PURPO Food Charitable Contribution CPA Polling , Consultants/ gnisihəvbA the Administrative 8 expenditures to a single recipient exceed \$100 (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Mills Road 37160-0189 ADDRESS TN, Shelbyville 342 Shelbyvil Shelbyville, PERSON/GROUP/BUSINESS R Company EXPENDITU When total (INCLUDE FULL NAME) 10.27.2011 Pen RECEIVING FORM REVISED onal Shelby Cnty Judge of Probate, AL 10/09/2020 02:12:18 PM FILED/CERT --! Na