

20201208000561250 1/1 \$.00  
Shelby Cnty Judge of Probate, AL  
12/08/2020 01:16:56 PM FILED/CERT

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

|   |                    |                                    |                                       |
|---|--------------------|------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><b>Becky BEALL</b>   |                    | Political Party/Ballot Affiliation |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>Polham City Council Place 4</b> |                    |                                    |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>P.O. Box 485</b>                      |                    |                                    |                                       |
| City<br><b>Polham</b>   | State<br><b>AL</b> | ZIP Code<br><b>35124</b>           | Telephone Number<br><b>[REDACTED]</b> |

Type of Report (check one)

- ☒ Monthly  
☐ Weekly  
☐ Amended Monthly  
☐ Amended Weekly

For Monthly Reports  
Month for which the report is filed.**November**For Weekly Reports  
Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

**1**

## Summary of activity since last filed report

|                                       |   |    |               |
|---------------------------------------|---|----|---------------|
| 1                                     | Beginning balance (ending balance from previous filing)       | 1  | <b>804.12</b> |
| <b>Cash Contributions</b>             |   |    |               |
| 2a                                    | Itemized cash contributions (total from Form 2)               | 2a | <b>—</b>      |
| 2b                                    | Non-itemized cash contributions                               | 2b | <b>—</b>      |
| 2c                                    | Total cash contributions (add lines 2a and 2b)                | 2c | <b>\$0.00</b> |
| <b>In-Kind Contributions</b>          |   |    |               |
| 3a                                    | Itemized in-kind contributions (total from Form 3)            | 3a | <b>—</b>      |
| 3b                                    | Non-itemized in-kind contributions                            | 3b | <b>—</b>      |
| 3c                                    | Total in-kind contributions (add lines 3a and 3b)             | 3c | <b>\$0.00</b> |
| <b>Receipts from Other Sources</b>    |   |    |               |
| 4a                                    | Itemized Receipts from Other Sources (total from Form 4)      | 4a | <b>—</b>      |
| 4b                                    | Non-itemized Receipts from Other Sources                      | 4b | <b>—</b>      |
| 4c                                    | Total receipts from other sources (add lines 4a and 4b)       | 4c | <b>\$0.00</b> |
| <b>Expenditures</b>                   |   |    |               |
| 5a                                    | Itemized expenditures (total from Form 5)                     | 5a | <b>—</b>      |
| 5b                                    | Non-itemized expenditures                                     | 5b | <b>—</b>      |
| 5c                                    | Total expenditures (add lines 5a and 5b)                      | 5c | <b>\$0.00</b> |
| <b>Expenditures on Line of Credit</b> |   |    |               |
| 6a                                    | Itemized expenditures (total from Form 6)                     | 6a | <b>—</b>      |
| 6b                                    | Non-itemized expenditures                                     | 6b | <b>—</b>      |
| 6c                                    | Total expenditures on credit (add lines 6a and 6b)            | 6c | <b>\$0.00</b> |
| 7                                     | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 7  | <b>804.12</b> |

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.

Signature of Candidate or Elected Official **[Signature]** Date **12.8.20**

Sworn to and subscribed before me this **8th** day of **December** of the year **2020**. My commission expires the **20th** day of **June** of the year **2022**.

Signature of Notary Public **[Signature]**  
Print Notary's Name **Deloshie Murphree**

