Name of Candidate or Elected Official

FORM REVISED 06.06.2017

## THIS AREA FOR OFFICIAL USE ONLY



Shelby Cnty Judge of Probate, AL 12/28/2020 02:18:18 PM FILED/CERT

Amended Monthly

Amended Weekly

Type of Report (check one)

Monthly

Weekly

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

Please Print in Ink or Type.

Offi	ce Sought or Held (include district or circuit number, if applicable)			Month for which the report is filed.			
Address Check box if reporting new address				For Weekly Ro Date of Friday	•		
P. w. Pox 2/85				week for which		12-25-20	
City State ZIP Code   Telephone Nun				report is filed. Total Number	of		
	Polh1m AL 35124			Pages in Repo	ort		
Summary of activity since last filed report							
1	Beginning balance (ending balance from previous filing)				1	5-04, h	
	Cash Contributions						
2a	Itemized cash contributions (total from Form 2)	2a					
2b	Non-itemized cash contributions	2b					
2c	Total cash contributions (add lines 2a and 2b)				2c	\$0.00	
	In-Kind Contributions						
3a	Itemized in-kind contributions (total from Form 3)	3a					
3b	Non-itemized in-kind contributions	3b					
3c	Total in-kind contributions (add lines 3a and 3b)	3c		\$0.00			
,	Receipts from Other Sources						
<del>l</del> a	Itemized Receipts from Other Sources (total from Form 4)	4a					
1b	Non-itemized Receipts from Other Sources	4b					
4c	Total receipts from other sources (add lines 4a and 4b)				4c	\$0.00	
	Expenditures						
Ба	Itemized expenditures (total from Form 5)	5a		·			
5b	Non-itemized expenditures	5b		<b></b>			
5c	Total expenditures (add lines 5a and 5b)	١			5c -	\$0.00	
	Expenditures on Line of Credit						
<sub>sa</sub>	Itemized expenditures (total from Form 6)	6a					
3b	Non-itemized expenditures	6b					
3c	Total expenditures on credit (add lines 6a and 6b)	6c	· -	\$0.00			
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				7	204,50,00	
s required by the Alabama Fair Campaign Practices Act, I hereby wear or affirm to the best of my knowledge and belief that the trached report(s) and the information contained herein are use and correct and that this information is a full and complete tatement of all contributions, expenditures, and other required.							
	mation during the applicable period of time.		of Notary Pub	MATON		Suut	
ign	ature of Candidate or Elected Official Date	Pel	na Bra	· • • • • • • • • • • • • • • • • • • •	rnt		

Print Notary's Name

Political Party/Ballot Affiliation