MANUAL CONTRACTOR



FILED IN OFFICE PROBATE COURT

SEP 30 REC'D

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

County Division Code: AL040
Inst. # 2021113923 Pages: 1 of 3
I certify this instrument filed on
9/30/2021 4:00 PM Doc: ELCAPRE
Judge of Probate
Jefferson County, AL.

**Amended Monthly** 

Clerk: NICOLE

Type of Report (check one)

	Please Print in Ink or Type.	Dallal	Affiliation	Wee	kly	☐ A	mended Weekly
Name of Candidate or Elected Official  Political Party/E			For Monthly F			7	
Office Sought or Held (include district or circuit number, if applicable)			<u>CUT</u>	Month for whice report is filed.	_	D D	DEMOY
W BROWN CHELLINGS				For Weekly Re	ports		
Address Check box if reporting new address				Date of Friday	in the	137	Downer
-	P.D. 3007350			week for which report is filed.	(ne	<u> </u>	120
City	State ZIP Code Telephone Nu	mber		Total Number	of		2
	MINIMON HODA			. Pages in Repo	ort		
5	ummary of activity since last filed report				4 1		コムへ
1	Beginning balance (ending balance from previous filing)	-	- = :-			- 1 to 1 t	
<b></b>	Cash Contributions	<del> </del>	<b>A</b>		3		
2a	Itemized cash contributions (total from Form 2)	2a	TY/OX				
2b	Non-itemized cash contributions	2b	47/10	50		71 1	٠٠ د ادی سرک
2c	Total cash contributions (add lines 2a and 2b)		211		2c		
	In-Kind Contributions	_	<del></del>	<u></u>	1	·	.*
За	Itemized in-kind contributions (total from Form 3)	3a				•	<b>~</b> *
3b	Non-itemized in-kind contributions	3b				<i>;</i>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c		\$0.00			
l _	Receipts from Other Sources		· · · · · · · · · · · · · · · · · · ·	<u></u>	t ·		
4a	Itemized Receipts from Other Sources (total from Form 4)	4a			-		• • •
•	Non-itemized Receipts from Other Sources	4b			, "	•	
4c	Total receipts from other sources (add lines 4a and 4b)			The state of the s	4c	<b>P</b>	
	Expenditures				· · ·		
		5a	\$138	3596	<u>.</u>	eka a	<b>-</b>
	Non-itemized expenditures	5b	O LAP	0			
5c	Total expenditures (add lines 5a and 5b)			Sec. 1	5c 4	17 /	48590
	Expenditures on Line of Credit	<u> </u>		<u> </u>	7	د المراسطة عطاد	
6a	Itemized expenditures (total from Form 6)	6a		<del> </del>		<b>4</b>	
6b	Non-itemized expenditures	6b				÷	<i>9.</i>

6c

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.

Total expenditures on credit (add lines 6a and 6b)

Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

Signature of Candidate or Elected Official

Date

FORM REVISED 06 06 2017

20211008000492650 1/3 \$.00 Shelby Cnty Judge of Probate, AL 10/08/2021 01:53:18 PM FILED/CERT

Swom to and subscribed before me this _	29th day of
September of the year 2021.	My commission expires
the 18t day of April of	he year <u>2021</u>
Chail Bul	2/1
Signature of Notary Public	The same of the sa
Aurici Inompson	
Print Notary's Name	, party , part

\$0.00

## 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: 50501 Meadows

	utions from a single source exceed \$100.00, the FCPA requires all contrib DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 an						e to be itemized.	
CONTRIBUTOR	SOURCE OF CONTRIBUTION (CHECK ONE)							
(INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)		Business or Corporation Individual PAC		Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
Next Generation Alabama	P.O. BOX 1493 Binam, 17135201			V			7/121	\$00000
							•	
FORM REVISED 9.2.2011	TOTAL CASH CON	ITRIE	3U7	Γ <b>ΙΟ</b>	NS	TH	IS PAGE	#2000000000000000000000000000000000000

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

## FORM 5: Expenditures by candidate or elected official

**EVISED 9.2.2011** 

NAME OF CANDIDATE OR ELECTED OFFICIAL:



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS **AMOUNT** DATE OF ADDRESS OTHER (ADDRESS SHOULD INCLUDE Contribution OF EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) EXPENDITURE GIVE (INCLUDE FULL NAME) BRIEF EXPLANATION 2199 Bony Riage Rd Freder, A-L 35216 Deamon meed TOTAL EXPENDITURES THIS PAGE