

ANNUAL



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

FILED IN OFFICE
PROBATE COURT

MAR 09 REC'D

JAMES H. FARRIS
Judge of Probate
E.O.D.



20220425000167960 1/15 \$.00
Shelby Cnty Judge of Probate, AL
04/25/2022 11:00:24 AM FILED/CERT

County Division Code: AL040
Inst. # 2022028000 Pages: 1 of 15
I certify this instrument filed on
3/9/2022 12:17 PM Doc: ELANN
Judge of Probate
Jefferson County, AL.

Clerk: NICOLE

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

Please Print in Ink or Type.

Name of Candidate or Elected Official Lashunda Scales		Political Party/Ballot Affiliation Nonpartisan	
Office Sought or Held (include district or circuit number, if applicable) Mayor of Birmingham			
Address <input type="checkbox"/> Check box if reporting new address			
City Birmingham	State Alabama	ZIP Code 35261	Telephone Number 2054572021

Calendar Year covered by this report. **2021-22**

☐ Amended Annual Report
☒ Termination Report

Total Pages in Report Include this page in your count. **15**

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	\$4,251.34
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		\$3,100.00
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		\$3,100.00
Receipts from Other Sources				
4a	Total itemized receipts from other sources (total from Form 4)	4a		\$1,732.06
4b	Total non-itemized receipts from other sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		\$1,732.06
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		\$5,928.45
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$5,928.45
Expenditures on Line of Credit				
6a	Itemized expenditures on line of credit (total from Form 6)	6a		
6b	Non-itemized expenditures	6b		
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c		\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7		\$54.95

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

8	Beginning balance (as of January 1 of reporting year)	8		\$54.95
9	Total cash contributions for year	9		\$138,358.22
10	Total in-kind contributions for year	10		\$114,609.67
11	Total receipts from other sources for year	11		\$1,732.06
12	Total expenditures for year	12		\$140,038.33
13	Total expenditures on line of credit for year	13		
14	Ending balance (add lines 8, 9, & 11, then subtract line 12)	14		\$106.90
15	Total campaign debt (total debt owed as of December 31)	15		

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

Date

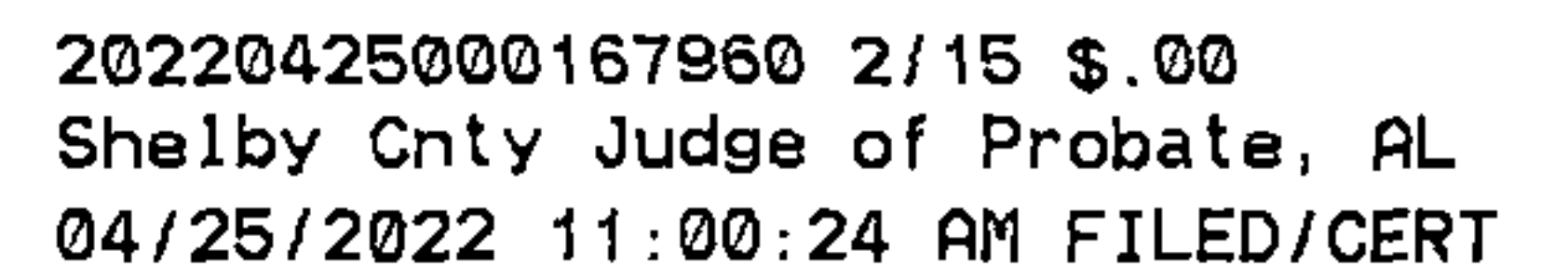
3/4/22

Sworn to and subscribed before me this 4th day of Mar of the year 2022. My commission expires the 10th day of May of the year 2025

Signature of Notary Public

Print Notary's Name

Marvin Anthony Tarver Sr.



FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

PAGE _____ OF _____

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

FORM REVISED 10.29.99

NAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

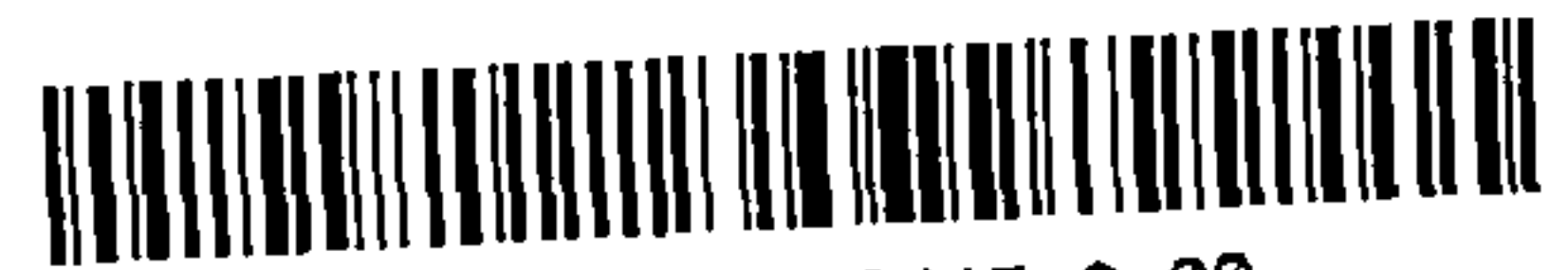
PAGE OF

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

FORM REVISED 10.29.99

FORM REVISED 10.29.99**TOTAL CASH CONTRIBUTIONS THIS PAGE**

\$0.00



20220425000167960 3/15 \$.00
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FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

PAGE OF

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

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FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

PAGE OF

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

FORM REVISED 10.29.99

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FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

PAGE 1 OF 1

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CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00

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FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIALNAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

PAGE _____ OF _____

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)			DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other			
Restore Birmingham	P.O. Box 59120 Birmingham, Alabama 35259		<input checked="" type="checkbox"/>									<input checked="" type="checkbox"/>			9/22/2021	\$3,100.00
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																\$3,100.00

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FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

PAGE OF

The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															\$0.00	

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FORM 4: RECEIPTS FROM OTHER SOURCESLOANS/INTEREST/OTHER SOURCES OF
INCOME TO CANDIDATE OR ELECTED OFFICIALNAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

PAGE ____ OF ____

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORISING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
Debit Card Credit MicroSoft				✓							1/1/2022	\$12.42
Debit Card Credit Peerly				✓							10/22/2021	\$359.82
Debit Card Credit Peerly				✓							10/22/2021	\$359.82
Debit Card Credit MobilesSlyBroadcast				✓							10/22/2021	\$500.00
Debit Card Credit MobilesSlyBroadcast				✓							10/22/2021	\$500.00
FORM REVISED 10.29.99	TOTAL RECEIPTS THIS PAGE											\$1,732.06



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FORM 5: EXPENDITURESBY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER
CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEESNAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

PAGE ____ OF ____

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Voxtelesys LLC				✓								9/3/2021	\$365.37
Facebook			✓									9/1/2021	\$351.23
Peerly				✓								8/30/2021	\$359.82
MicroSoft		✓										9/7/2021	\$13.75
AT&T Vesta		✓										9/7/2021	\$34.86
MobilesSlyBroadcast			✓									9/14/2021	\$500.00
Voter Gravity, Inc.				✓								9/24/2021	\$240.00
WBRC Fox 6	1720 Valley View Drive Birmingham, Alabama 35209		✓									9/23/2021	\$1,806.75
TownSquare Interactive			✓									9/22/2021	\$300.00
TOTAL EXPENDITURES THIS PAGE													\$3,971.78

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FORM 5: EXPENDITURESBY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER
CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEESNAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

PAGE ____ OF ____

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
AT&T		✓										9/29/2021	\$163.93
Peerly		✓										9/28/2021	\$359.82
Swifttic f.k.a. Com		✓										1/18/2022	\$40.56
Swifttic f.k.a. Com		✓										12/17/2021	\$40.56
MicroSoft		✓										11/5/2021	\$13.75
Swifttic f.k.a. Com		✓										11/17/2021	\$42.57
Swifttic f.k.a. Com		✓										10/18/2021	\$42.57
MobileSlyBroadcast		✓										10/18/2021	\$500.00
AT&T Vesta		✓										10/7/2021	\$34.86
FORM REVISED 10.29.99	TOTAL EXPENDITURES THIS PAGE												\$1,238.62



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FORM 5: EXPENDITURES

NAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

PAGE _____ OF _____

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
MicroSoft		✓										10/6/2021	\$13.75
ActBlue							✓					10/4/2021	\$1.50
Toskr, Inc. dba GetThru				✓								2/26/2022	\$702.80
			✓										
		TOTAL EXPENDITURES THIS PAGE											\$718.05

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FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: Lashunda Scales

PAGE _____ OF _____

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
FORM REVISED 10.29.99		TOTAL EXPENDITURES THIS PAGE											\$0.00



20220425000167960 13/15 \$.00
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BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: **Lashunda Scales**

PAGE ____ OF ____

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
		TOTAL EXPENDITURES THIS PAGE											\$0.00



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FORM 6: Expenditures On Line of Credit by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Lashunda Scales



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION		
TOTAL EXPENDITURES THIS PAGE													\$ 0.00

FORM REVISED 5.19.2017



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