

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

RECEIVED

Shelby <sup>0</sup> Please Print in Ink or Type. 01/03/20	onty . 012 0	4:10:54 PM F	ILED/CERT		
Name of Candidate or Elected Official Political Party/			Type of Repor	_	·
EARL CAESAR CUNNINGHAM REPUBL	10/	1N	Mon	•	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)			☐ Wee	•	Amended Weekly
COUNTY COMMISSIONEY — DISTYICT 2  Address Check box if reporting new address	<del></del>	······································	For Monthly R Month in which report is filed.	•	December
P.O. BOX 664			For Weekly Re	•	
City  MONTEVALLO  State  ZIP Code  Telephone Nu  25/15  205:	mhar		Date of Friday week in which the report is filed.		
			Total Number Pages in Repo		
Summary of activity since last filed report					
1 Beginning balance (ending balance from previous filing)			•	1	
Cash Contributions					
2a Itemized cash contributions (total from Form 2)	2a				
2b Non-itemized cash contributions	2b	\$110	00		
2c Total cash contributions (add lines 2a and 2b)				2c	\$1/000
In-Kind Contributions				·	
3a Itemized in-kind contributions (total from Form 3)	3a	······································	· <del>- · · · · · · · · · · · · · · · · · ·</del>		
3b Non-itemized in-kind contributions	3b				
3c Total in-kind contributions (add lines 3a and 3b)	3c				
Receipts from Other Sources				.i	
4a Itemized Receipts from Other Sources (total from Form 4)	4a			!	
4b Non-itemized Receipts from Other Sources	4b				
4c Total receipts from other sources (add lines 4a and 4b)				4c	
Expenditures				L	
5a Itemized expenditures (total from Form 5)	5a	154.	60		
5b Non-itemized expenditures	5b			-	
5c Total expenditures (add lines 5a and 5b)	<del></del>	· · · · · · · · · · · · · · · · · · ·		5c	
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				6	\$55,40
Candidates for State Office: File this report with the Office of the Se	ecreta	ary of State.			
Candidates for County or Municipal Office: File this report with the	e Jud	ge of Probat	e of the count	y in wi	nich the office is sought.
swear or affirm to the best of my knowledge and belief that the	NIA	MALELLA	ed before me year 1011		My commission expires e year 114.
Signature of Candidate or Elected Official Date	all re	of Wotary Public			<u> </u>

#### ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE Qο ELECTED OFFICIAL

#### NAME OF CANDIDATE OR ELECTED OFFICIAL: received by candidate elected fficial INGHAM



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. to be itemized.

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				<u></u>					
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Business or Corporation Individual	Business or	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		(INCLUDE FULL NAME)
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## ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

### Contributions candidate 9 elected official

NAME OF CANDIDATE OR ELECT ED OFFICIAL: ARL received by NNINGHAN



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	CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other Business/	Transportation	Rent	Food	Equipment	Consultants/ Polling	Advertising	Administrative	AND ZIP)	HOULD INCLUD X, CITY, STATE,	DDRESS S DR P.O. BO	STREET	(INCLUDE FULL NAME)	•
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SES CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

#### FORM 4: Receipts ces loans es Of

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single

DO NOT LIST cash or in-kind contributions on this

source

exceed \$100.00,

the FCPA n

equires

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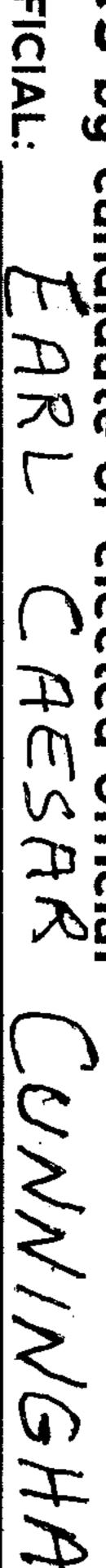
form.

FORM REVISED 9.2.2011 (INCLUDE FULI ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) P Interest FORM Loan Other [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE GUARANTORS THIS BLOCK IF I Forms TOTAL and RECEIPT RECEIPTS for those listings. Lending Institution RECEIPT SOURCE (CHECK ONE) PAC THIS Individual Business PAGE Other (mo./d

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

## NAME OF CANDIDATE OR ELECTED OFFICIAL: tures by candidate or elected ED OFFICIAL: EARL CAE HESAK





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

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