

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY



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Shelby Cnty Judge of Probate, AL
07/07/2020 04:26:51 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Calvin Morgan</u>		Political Party/Ballot Affiliation	
Office Sought or Held (Include district or circuit number, if applicable) <u>131 Hermitage Blvd City Councilman & Clerk</u>			
Address ☐ Check box if reporting new address			
City <u>Calera</u>	State <u>AL</u>	ZIP Code <u>35040</u>	Telephone Number <u>[REDACTED]</u>

Type of Report (check one)

☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month for which the
report is filed.

For Weekly Reports
Date of Friday in the
week for which the
report is filed.

Total Number of
Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<u>0</u>
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				
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		\$0.00
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a		
6b	Non-itemized expenditures	6b		
6c	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		\$0.00

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.

Calvin Morgan 7/7/20
Signature of Candidate or Elected Official Date

FORM REVISED 06.06.2017

Sworn to and subscribed before me this 7th day of July of the year 2020. My commission expires the 17th day of March of the year 2024.

Charity R. Hogg
Signature of Notary Public
Charity R. Hogg
Print Notary's Name