



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

20200717000299000 1/5 \$.00
Shelby Cnty Judge of Probate, AL
07/17/2020 11:39:40 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Russell (Rusty) Nix		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Mayor			
Address ☐ Check box if reporting new address 686 Salem Road			
City Montevallo	State AL	ZIP Code 35115	Telephone Number [REDACTED]

Type of Report (check one)

☐ Monthly☒ Amended Monthly☐ Weekly☐ Amended WeeklyFor Monthly Reports
Month for which the
report is filed.**June**For Weekly Reports
Date of Friday in the
week for which the
report is filed.Total Number of
Pages in Report**3**

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	1650.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	750.00	
2b	Non-itemized cash contributions	2b	378.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	1128.00	\$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	500.00	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	500.00	\$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	2278.00	\$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.

Russell Nix
Signature of Candidate or Elected Official

7-16-20
Date

Sworn to and subscribed before me this **16th** day of **July** of the year **2020**. My commission expires the **10th** day of **April** of the year **2024**.

Connie S. Powell
Signature of Notary Public

Connie S. Powell
Print Notary's Name

Shelby County Probate Judge's Office
Judge of Probate, Shelby County Alabama
P.O.Box 825, Columbiana, AL 35051
Recording: 205-669-3720

Receipt for Services

Cashier CATHY

Batch # 333319

Date: 06/02/2020 Time: 11:01:38AM

Date	Instrument No	Document Type	Transaction Type	MortAmt	Taxes	Pages	ConsAmt	Pg/Amt
6/2/2020 11:01:38AM	20200602000220830	PREREPOR	T1	0.00	0.00	3	0.00	3

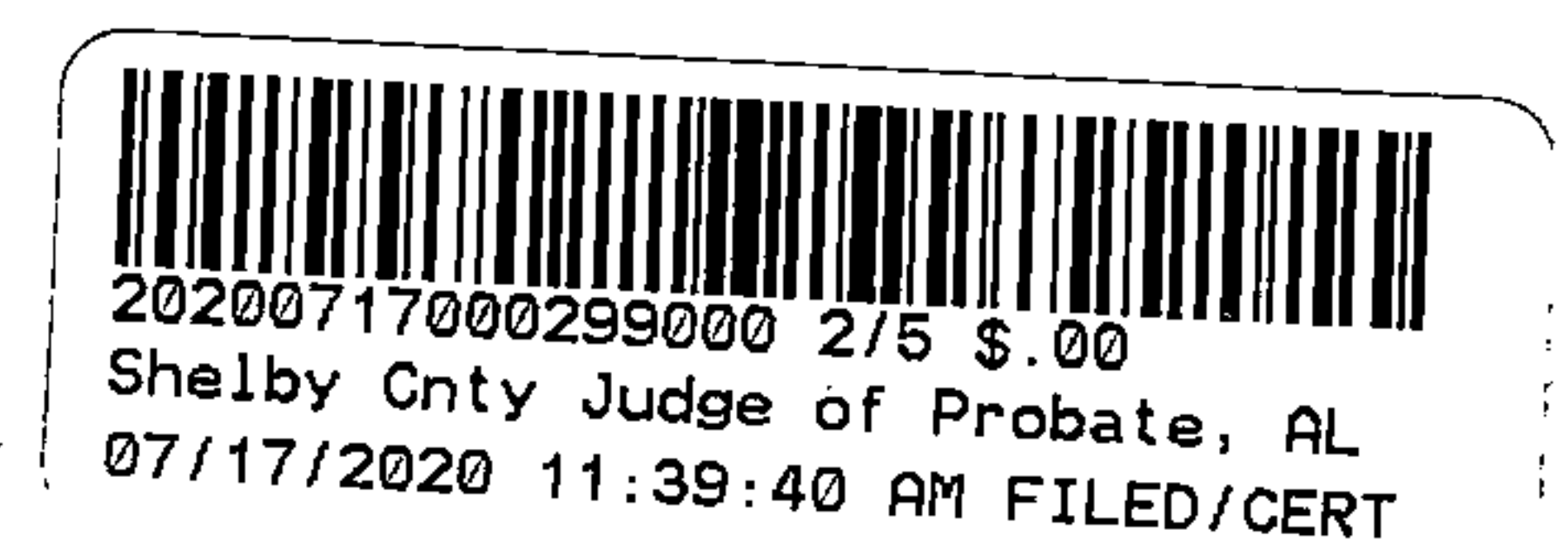
Party 1: RUSSELL RUSTY NIX ELECTION
COMMITTEE

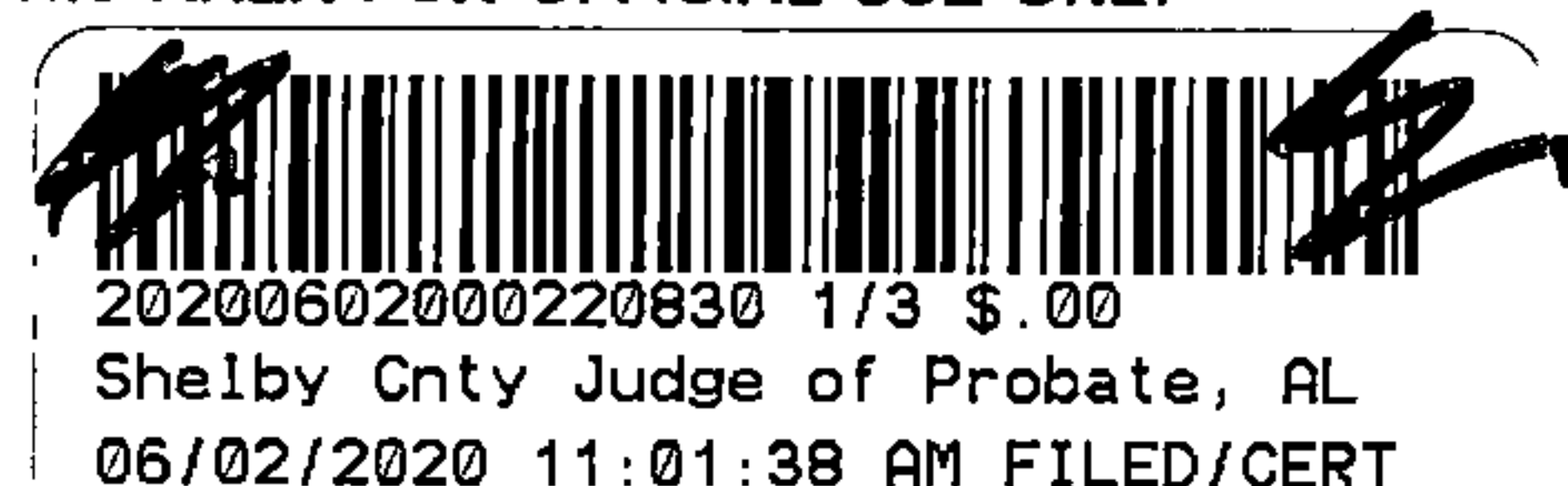
Party 2: MAYOR OF MONTEVALLO

PREREPOR

Total:

Fee Total:





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Please Print In Ink or Type.

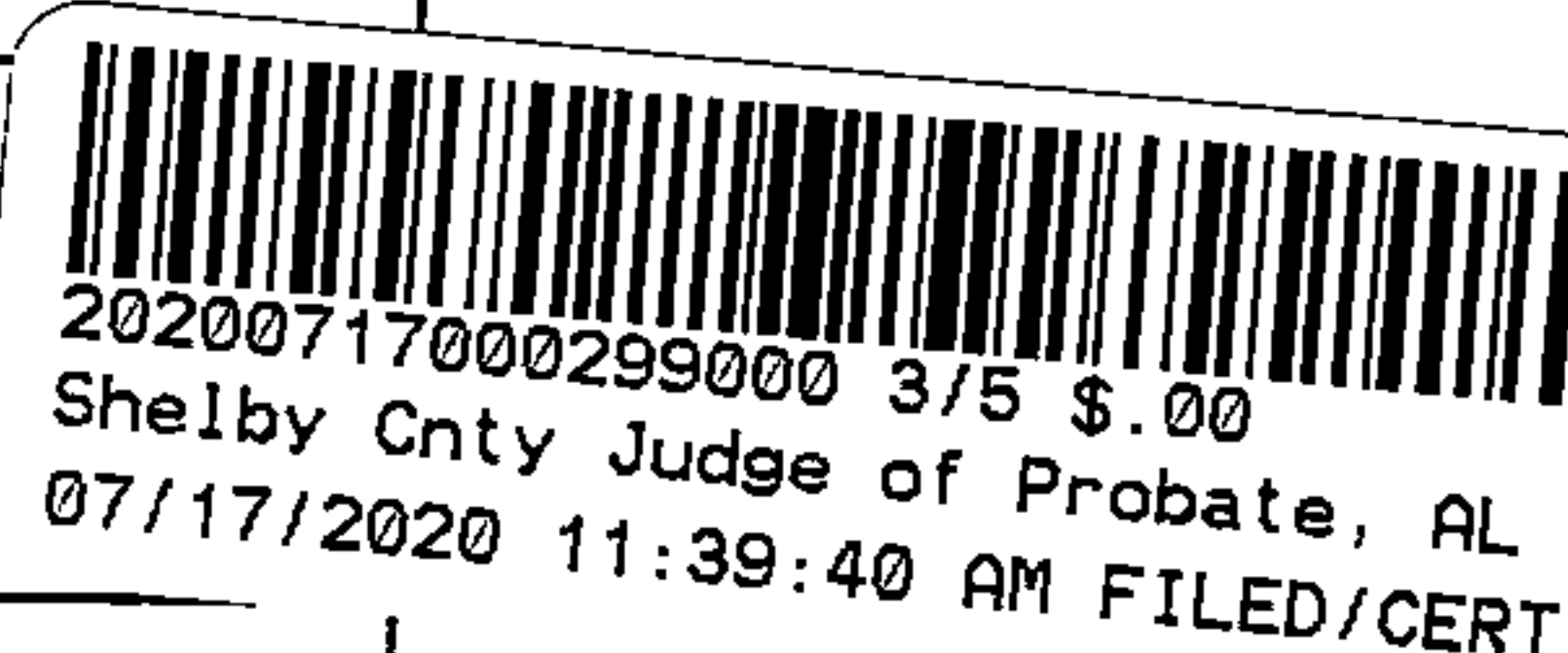
Name of Candidate or Elected Official Russell (Rusty) Nix Election Committee		Political Party/Ballot Affiliation RNEC	
Office Sought or Held (include district or circuit number, if applicable) Mayor of Montevallo			
Address ☐ Check box if reporting new address 686 Salem Road			
City Montevallo	State AL	ZIP Code 35115	Telephone Number 205-910-0840

Type of Report (check one)

☒ Monthly☐ Amended Monthly☐ Weekly☐ Amended WeeklyFor Monthly Reports
Month for which the
report is filed.**June**For Weekly Reports
Date of Friday in the
week for which the
report is filed.Total Number of
Pages in Report**3**

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1	Beginning balance (ending balance from previous filing)		1	\$1050.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$750.00	
2b	Non-itemized cash contributions	2b	\$378.00	1128.00
2c	Total cash contributions (add lines 2a and 2b)	2c	\$2778.00	\$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		
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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.

Russell B Nix
Signature of Candidate or Elected Official

Date

6-1-2020

Sworn to and subscribed before me this 1st day of June of the year 2020. My commission expires the 10th day of April of the year 2024.

Signature of Notary Public

Connie S Powell
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Russell(Rusty) Nix

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to 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		
Ed Czeskleba	5200 Salem Rd., Montevallo, AL 35115		✓				5/29/20	\$250.00
Russell Busby Nix	6800 Salem Rd., Montevallo, AL 35115		✓				5/30/20	\$500.00
							TOTAL CASH CONTRIBUTIONS THIS PAGE	\$750.00



20200602000220830 2/3 \$.00
Shelby Cnty Judge of Probate, AL
06/02/2020 11:01:28 AM FILED/CERT



20200717000299000 4/5 \$.00
Shelby Cnty Judge of Probate, AL
07/17/2020 11:39:40 AM FILED/CERT

FORM REVISED 10.27.2011



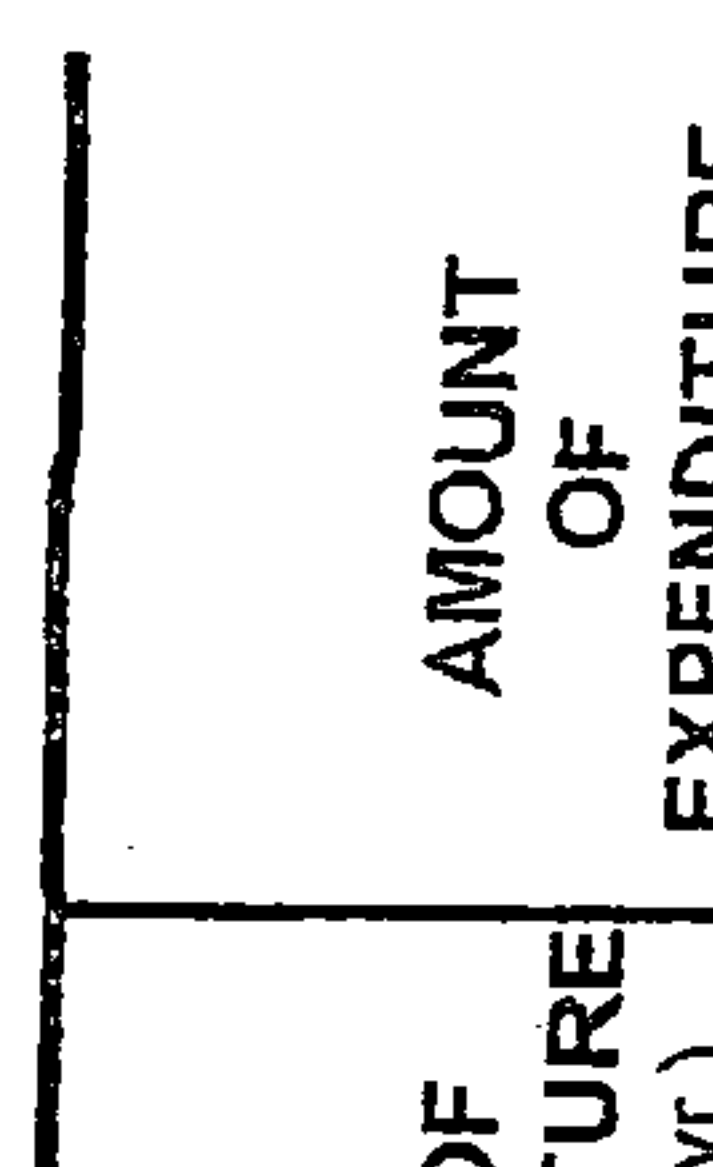
FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

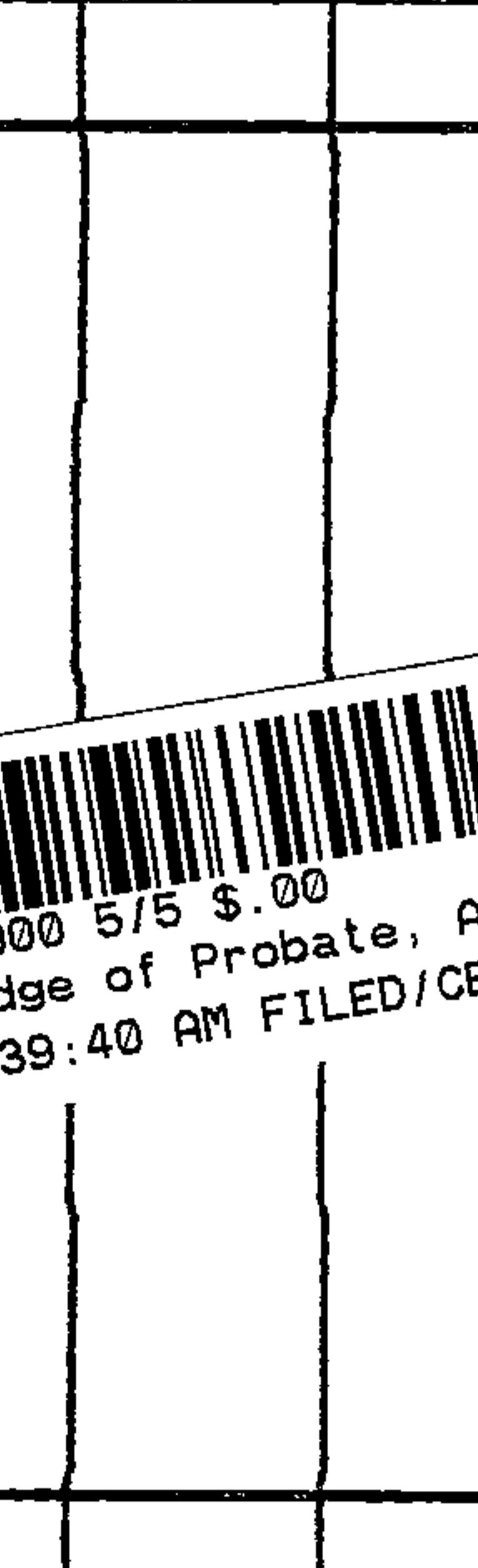
When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION
Red State Strategies	P.O. Box 43564 B'ham, AL 35243			✓								5/14/20	\$500.00
		TOTAL EXPENDITURES THIS PAGE										\$500.00	

FORM REVISED 10.27.2011



20200602000220830 3/3 \$.00
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20200717000299000 5/5 \$.00
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