Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.	
Name of Principal Campaign Committee Full Name of Campidate Full Name of Campidate Consider the Constitution of Campidate Office Sought (include district or circuit number) if applicable) Address SIR Ballanthal Kwy City State ZIP Codie Telephone No. 35124	20200722000306860 1/4 \$.00 Shelby Cnty Judge of Probate, AL 07/22/2020 01:51:15 PM FILED/CERT Amended Major Contribution Report Date of this Report
Summary of Major Contribution Activity	
1 Beginning balance (ending balance from previous filing)	1 4 0.00
2 Total Cash Contributions (total from Form 2)	2 \$ 1,000,06
3 Total In-Kind Contributions (total from Form 3)	34 000
4 Total Receipts from Other Sources (total from Form 4)	4 \$ 740,00
5 Ending balance (add lines 1, 2, 3 and 4)	5 \$1,740,00
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. Signature of Candidate, Elected Official or Committee Date FORM REVISED 01.02.2018	Sworn to and subscribed before me this
Where to file this form	

▶ State Candidates and Elected Officials: File this report electronically with the Office of the Secretary of State:

http://fcpa.alabamavotes.gov

Do you have questions or need assistance? Contact the Elections Division:

Call us: 334-242-7210

Visit our office:

Write to us:

800-274-8683

Elections Division

Elections Division

Email us: alavoter@vote.alabama.gov

600 Dexter Avenue, Room E-210

P.O. Box 5616

Montgomery, Alabama 36130

Montgomery, Alabama 36103-5616

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

Contributions received by candidate ected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: TOUGH

requires all contributions from that source to be itemized.

1. Use Forms 3 and 4 for those listings.

A 1, Desce	IS PAGE	로	Š		BU	NTRI	TOTAL CASH CC	FORM REVISED 10.27.2011
			į		,			
41,000	6/24/20					34	602 Oak Mh. Trail, tellmon M. 3st	Mat Back
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
	•	O _N	CE ONE)	웃렀듀	SO CON (CHE	OF		
	to be itemized.	source to ngs.	nat sou istings	om th	th	tributions and 4 for	ons from a single source exceed \$100.00, the FCPA requires all con NOT LIST in-kind contributions or loans on this form. Use Forms 3	When total contributi

20200722000306860 2/4 \$.00 Shelby Cnty Judge of Probate, AL 07/22/2020 01:51:15 PM FILED/CERT

ABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

Receipts from ther Sources load interest, and other sources of

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. ED OFFICIAL:

ORM REVISED 9.2.2011					Paul House	Earthurs "	Paul Howl	Paul Howell Billiam Al Book	SOURCE OF RECEIPT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) In the pletter of	OF RECEIPT
TOTAL REC					SARC	SAM	Omne	MAN AL 35121/	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN
EIPTS THIS PAG									Lending Institution PAC Individual Business Other	RECEIPT SOURCE (CHECK ONE)
Ĭ					della !	This	in just the	S/BBJD	RECEIVED (mo./day/yr.)	
4740,00	202007 Shelby	22000306	860 3/4	\$.00 robate,	A COR	3500	A/1/00	and and a	AMOUNT	

07/22/2020 01:51:15 PM FILED/CERT

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

Expenditures by candidate or

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

A Month	PAGE	URES THIS F	LIGNE	EXP	AL	ΤΟ.						FORM REVISED 10.27.2011
202007								_				
220003068 Cnty Jud		•										
860 4/4 S					-		_					
5.00 Cobata											-	
30,00	1/3/20	Check				_				Br. Al Beller	FEG /	Hayibys Bunk
4000 0000	7/8/20	Revisitation								Ar Charles		City of Billian
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Fundraising	Food	Polling Charitable Contribution	Consultants/	Administrative Advertising	ADDRESS (ADDRESS SHOULD INCLUDE TOR P.O. BOX, CITY, STATE, AND ZIP)	STREE	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	PENDITURE NE)	OF EXP	PURPOSE C	URP	٦					

20200722000306860 4/4 \$.00 Shelby Cnty Judge of Probate, AL 07/22/2020 01:51:15 PM FILED/CERT