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Shelby Cnty Judge of Probate, AL
08/03/2020 11:03:55 AM FILED/CERT

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official Kim Rasco King		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) City Council District 4			
Address ☐ Check box if reporting new address 103 Pinetree Circle			
City Columbiana	State AL	ZIP Code 35051	Telephone Number [REDACTED]

Type of Report (check one)

- ☒ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month for which the report is filed.**July**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	0
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	510.11	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		510.11
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		(510.11)

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.

Kim Rasco King **8-3-20**
Signature of Candidate or Elected Official Date

FORM REVISED 06.06.2017

Sworn to and subscribed before me this **3rd** day of **August** of the year **2020**. My commission expires the **30th** day of **November** of the year **2022**.

Charlene Tucker
Signature of Notary Public
Charlene Tucker
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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		
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TOTAL CASH CONTRIBUTIONS THIS PAGE								\$0.00



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Shelby Cnty Judge of Probate, AL

FORM REVISED 9.2.2011



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to 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 COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEERING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT		
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other				
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FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Kim Rasco King

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	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Sign Graphics	PO Box 1147 Columbiana, AL 35051	☐	☒	☐	☐	☐	☐	☐	☐	☐	Sign/Banner	7.16.20	186.94
WB Promotion	12505 Reed Rd SugarLand TX 77478	☐	☒	☐	☐	☐	☐	☐	☐	☐	Koozies	7.16.20	121.50
Signs on the Cheap	11525A Stonehollow Dr Austin TX 78758	☐	☒	☐	☐	☐	☐	☐	☐	☐	Signs	7.15.20	201.67
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TOTAL EXPENDITURES THIS PAGE												\$ 510.11	

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