



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY



20200804000329190 1/2 \$.00
Shelby Cnty Judge of Probate, AL
08/04/2020 10:20:02 AM FILED/CERT

DAILY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official GARY WILLIAM WATERS		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) MAYOR			
Address <input type="checkbox"/> Check box if reporting new address PO BOX 822			
City PRICHARD	State AL	ZIP Code 36124	Telephone Number [REDACTED]

Date Covered by Report

8/3/2020

☐ Amended Daily Report

Total Number of Pages
in Report

2

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$ 932.30
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$ 1500.00	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	\$ 1500.00	\$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		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
Expenditures on Line of Credit				
6a	Itemized expenditures on line of credit (total from Form 6)	6a		
6b	Non-itemized expenditures on line of credit	6b		
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c		\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	\$ 2432.30	\$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.

Gary Waters
Signature of Candidate or Elected Official

8/3/20
Date

Sworn to and subscribed before me this **3** day of **August** of the year **2020**. My commission expires the **1** day of **April** of the year **2024**.

Robin H. Wilkinson
Signature of Notary Public
Robin H. Wilkinson
Print Notary's Name
MY COMMISSION EXPIRES APRIL 01, 2024



NAME OF CANDIDATE OR ELECTED OFFICIAL:

GRAP2 WILLIAM WATERS

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.

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