

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20200810000341060 1/6 \$.00
Shelby Cnty Judge of Probate, AL
08/10/2020 10:55:25 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Chad Lewerett</i>		Political Party/Ballot Affiliation <i>Republican</i>	
Office Sought or Held (include district or circuit number, if applicable) <i>Pelham City Council At-Large 3</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>101 Talmadge Dr</i>			
City <i>Pelham</i>	State <i>AL</i>	ZIP Code <i>35124</i>	Telephone Number <i>[REDACTED]</i>

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

Month for which the report is filed.	
Date of Friday in the week for which the report is filed.	<i>8/7/20</i>
Total Number of Pages in Report	

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>\$79.52</i>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<i>\$0</i>	
2b	Non-itemized cash contributions	2b	<i>\$0</i>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>\$0</i>	\$0.00
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>\$44.25</i>	
3b	Non-itemized in-kind contributions	3b	<i>\$0</i>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>\$44.25</i>	\$0.00
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>\$0</i>	
4b	Non-itemized Receipts from Other Sources	4b	<i>\$0</i>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<i>\$0</i>	\$0.00
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<i>\$0</i>	
5b	Non-itemized expenditures	5b	<i>\$0</i>	
5c	Total expenditures (add lines 5a and 5b)	5c	<i>\$0</i>	\$0.00
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a	<i>\$0</i>	
6b	Non-itemized expenditures	6b	<i>\$0</i>	
6c	Total expenditures on credit (add lines 6a and 6b)	6c	<i>\$0</i>	\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<i>\$79.52</i>	\$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.

Signature of Candidate or Elected Official: *Chad Lewerett* Date: *8-10-20*

Sworn to and subscribed before me this 10 day of August of the year 2020. My commission expires the 22 day of Feb of the year 2022.

Signature of Notary Public: *Jessica L. Holland*
Print Notary's Name: Jessica L. Holland



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Chad Levenett

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		
TOTAL CASH CONTRIBUTIONS THIS PAGE							<u>\$0</u>	\$0.00

20200810000341060 2/6 \$.00
 Shelby Cnty Judge of Probate, AL
 08/10/2020 10:55:25 AM FILED/CERT

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



FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Chad Leventt

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 loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION			
		Administrative	Advertising	Consultants/	Polling	Equipment	Food	Rent	Transportation	Other	Business/	Corporation	Individual	PAC	Other					
Chad Leventt	101 Talmadge Dr Pelham AL 35124	X													X				8/3/20	\$3.50 stamps
Chad Leventt	101 Talmadge Dr Pelham AL 35124	X													X				8/3/20	\$3.50 \$5.25 Stamps
Chad Leventt	101 Talmadge Dr Pelham AL 35124	X													X				8/3/20	\$2.5 facebook Ad
Chad Leventt	101 Talmadge Dr Pelham AL 35124	X													X				8/17/20	\$10.50 Stamps
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																\$44.25				



20200810000341060 3/6 \$.00
 Shelby Cnty Judge of Probate, AL
 08/10/2020 10:55:25 AM FILED/CERT

\$44.25



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

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Chad Beverly ff

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		RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other	GUARANTORS <small>(FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)</small>	Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE												\$0	\$0.00

20200810000341060 4/6 \$.00
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FORM 6: Expenditures On Line of Credit by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Chad Leveaux

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	Lodging	Transportation	Interest			OTHER GIVE BRIEF EXPLANATION	
TOTAL EXPENDITURES THIS PAGE														

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