

## Campaign Fractices act state of ALABAMA Candidate & Elected Offic Campaign Finance Report Candidate & Elected Official



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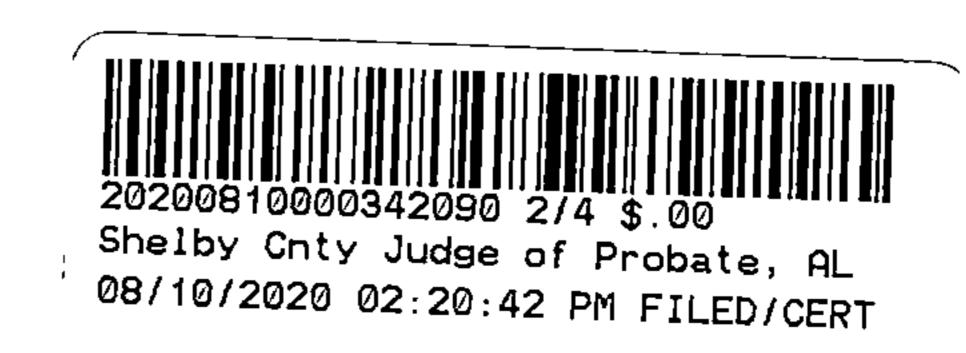
SUMMARY FORM 1 Please Print in lnk or Type.		Accioning	Тур	e of Report Mont	nly	k one)  Amended Monthly  Amended Weekly
Name of Candidate or Elected Official  Which Add No. William Line Company  Office Sought of Held (Actude district or circuit number, if applicated)  Address  Check box if reporting new address	CK		Mo rep For Dat we	r Monthly Renth for which ort is filed.  Weekly Relet of Friday in ek for which ort is filed.	ports the ports the	
ALERA AL 35040 Telephone Num	iber			tal Number o ges in Repo		4
Summary of activity since last filed report						
1 Beginning balance (ending balance from previous filing)			-		1	0
Cash Contributions	0 1					
To Home to the terms of the ter	2a		<del></del>			
2b Non-itemized cash contributions	2b		<del></del>	<del></del>		
2c Total cash contributions (add lines 2a and 2b)					2c	\$0.0
In-Kind Contributions			· · · · · ·			
3a Itemized in-kind contributions (total from Form 3)	За	12.7				
[OD] TOOM TOOM TO THE TOOM TO	3b	Ó		· •		
3c Total in-kind contributions (add lines 3a and 3b)	3c	727	14	<b>4</b> \$0.00		
Receipts from Other Sources					•	
4a Itemized Receipts from Other Sources (total from Form 4)	4a	54	0.	00		
4b Non-itemized Receipts from Other Sources	4b	(	)			
4c Total receipts from other sources (add lines 4a and 4b)					4c	540.0000.0
Expenditures						
5a Itemized expenditures (total from Form 5)	5a	16	4	25		
5b Non-itemized expenditures	5b	0				
5c Total expenditures (add lines 5a and 5b)					5c	164.25so.
Expenditures on Line of Credit					<del></del>	
6a Itemized expenditures (total from Form 6)	6a		_ <del></del>	<u> </u>		
6b Non-itemized expenditures	6b	7	7			
6c Total expenditures on credit (add lines 6a and 6b)	6c	2	)	\$0.00		
7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	<del> </del> -	<del> </del>			7	<b>O</b> so.
Eliuling natative (add intes 1, 20, at 40, dien subtract inte 30)	<u> </u>	****				
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.		st of t	he ye	i before me	<u>ව</u>	
· · · · · · · · · · · · · · · · · · ·	Not	ary's Name		CHERR	Y G	REEN

3AMA FAIR CAMPAIGN PRACTICES ACT -CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELEC

RM 3: In-Kind Contribu

When total contributions from a single :

727.43	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	REVISED 9.2.2011
		6
69.30	JPGREX, 68/0, 35000 0000000000000000000000000000000	
658.12		and which while
CONTRIBUTION	(ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)  Advertising of the consultant of the corporation of the cor	(INCLUDE FULL NAME)
	NATURE OF CONTRIBUTION SOURCE (CHECK ONE)	
	Senier Senier Cast of togics of the State of the State of the State of the State of	



AMA FAIR CAMPAIGN PRACTICES ACT CANDIDATE/EL

Receipts OFFICIAL

CANDIDATE OR ELECTED OFFICIAL: When total contributions from a single sor to be itemized.

Mylgonan E S ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) in-kind contributions Interest FORM GUARANTORS those I Institution listings. RECEIPT SOURCE (CHECK ONE) PAC SHI Individual Business PAGE Other AMOUNT OF RECEIPT



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3AMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE & E LECTED

Expenditures by

CANDIDATE OR ELECTED OFFICIAL When total expenditures to a single recipient exceed \$100.00, the FCP requires all expenditures to that recipient be itemized.

164.25	PAGE	EXPENDITURES THIS	NDI	ΧP	m	ATC	70					EVISED 9.2.2011
									~			
164.25	8/6/20								3		Diminghan Massyb	Star S
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Fundraising	Food	Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	EIVING EXPENDITURE NCLUDE FULL NAME)
		RE	OF EXPENDITURE HECK ONE)	X S S S S S	(CH C)	PURPOSE (C)	2					

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