Type of Report (check one)

# MONTHLY & WEEKLY

### FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

### Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.



20200812000345380 1/6 \$.00 Shelby Cnty Judge of Probate, AL 08/12/2020 10:18:01 AM FILED/CERT

Amended Monthly

\$0.00

\$0.00

\$0.00

Na	me of Candidate or Elected Official	Political Party/Ball	ot Affiliat	ion	We	екіу	L An	nended	Weekly
<u> </u>	eigh Hulsey				For Monthly For Month for which	•	s [	<u> </u>	
Offi	ice Sought or Held (include district or circuit number, if applicable)				report is filed.		リレ	NY	
	mucumai place				For Weekly R	eports			
Add	dress Check box if reporting new address				Date of Friday		1.3.4		St
	109 Fieldstone Circle		_		week for which report is filed.	n the	JUUI	7	)\
City	HP1P100 HV 35090 T	Telephone Numbe	er		Total Number	of		•	
L_	1101000				Pages in Rep	ort	<u></u>		
3	ummary of activity since last filed report								
1	Beginning balance (ending balance from previous	s filing)				1	462	. 57	
	Cash Contributions								
	Itemized cash contributions (total from Form 2)	2	3	150	.00				
2b	Non-itemized cash contributions	2	)	50	.00				
2c	Total cash contributions (add lines 2a and 2b)	- TY				2c	200	(C)	\$0.00
	In-Kind Contributions	160 160 160 160 160 160 160 160 160 160							
3a	Itemized in-kind contributions (total from Form 3)	38	3	0					
3b	Non-itemized in-kind contributions	31	)	Ø					
3с	Total in-kind contributions (add lines 3a and 3b)	30	;	·Ø	\$0.00				
	Receipts from Other Sources								
4a	Itemized Receipts from Other Sources (total from	Form 4) 4	a	Ø					
4b	Non-itemized Receipts from Other Sources	4	כ	D					

|5b

6a

6b

6c

Print Notary's Name

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.

Total expenditures on credit (add lines 6a and 6b)

Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

Total receipts from other sources (add lines 4a and 4b)

Itemized expenditures (total from Form 5)

Total expenditures (add lines 5a and 5b)

Itemized expenditures (total from Form 6)

Non-itemized expenditures

Non-itemized expenditures

**Expenditures on Line of Credit** 

Signature of Candidate or Elected Official

Date

Sworn to and subscribed before me this day of
$\frac{1001}{100}$ of the year $\frac{100}{100}$ . My commission expires
the day of 1-10000 of the year 2020.
1 MMM C Milwick
Signature of Notary Public
Manda Munic

\$0.00

4c

6c

**Expenditures** 

# TICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

### tions received by candidate **Q** elected official

AME OF CANDIDATE OR ELECTED OFFICIAL:

tions from a single source exceed \$100.00, the FCPA re
O NOT LIST in-kind contributions or loans on this form. requires all contributions Use Forms 3 and 4 for those listings. from that source to be itemized

		1					FORM REVISED 10.27.2011
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150.00	oraleell					Herena, lake Terrace	Chris Cuminings
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	PAC Other	Individual	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		E)	RRCE	CONT CCHEC	<b>P</b>		



# ALABAMA AMPAIGN PRAC TICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

# ontri butions received candidate or elected official

OF CANDIDATE OR ELECTED OFFICIAL: LEGIN TRUISEN



When total tions from a single DO NOT LIST cash or loans on this form. source exceed \$100.00, the Use requires all contributions from the Forms 2 and 4 for those listings. all contributions from that source to be itemized

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							·									153 <b>8</b> 0 3/6
															M FILED/C	\$.00 Probate,
			-							_		_				
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Equipment	Consultants/ Polling	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)	
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# MPAIGN TICES CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

### rom her Ŏ L T Ces loa ıns, interest, and other sources 으

NAME OF CANDIDATE OR ELECTED OFFICIAL: LENGIN HULS

When total contributions from a single DO NOT LIST cash or in-kind contributions on this form. source exceed \$100.00, the FCPA requires all contributions Use Forms 2 and 3 for those listings. from that source to be itemized.

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											ALCERT
RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	Institution	Lending Institution	GUARANTORS  [FCPA REQUIRES FULL NAME AND C PLETE ADDRESS OF INDIVIDUAL(S) DORSING OR GUARANTEEING LOA	Loan Other	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
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# TICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

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of Probate, AL



01 AM FILED/CERT When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be

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## ABAMA FAIR C AMPAIGN PRAC TICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

### 9 EXP P <u>Q</u>. tures 0 Line 9 Credit by candidate or elected official



NAME OF CANDIDATE S ELECTED OFFICIAL:

When

total

expenditures

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a single recipient exceed \$100.00, the

FCPA

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itemized.

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AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Interest	Transportation	Lodging	Fundraising	Food	Polling  Contribution	Advertising Consultants/	Advertising	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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