MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

20200814000352440 1/6 \$.00

Shelby Cnty Judge of Probate, AL 08/14/2020 01:04:13 PM FILED/CERT

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Please Print in Ink or Type.		Monthly	Amended Monthly
	Party/Ballot Affiliation	Weekly	Amended Weekly
DAUTD CORAM		For Monthly Reports	
Office Sought or Held (include district or circuit number, if applicable)	r	Month for which the report is filed.	
Pelham City Council PLACE	1	For Weekly Reports	
Address		Date of Friday in the	4/7/20
15 149 WINDSOR LAWE		week for which the report is filed.	
City DEZ HAM AL 35124 Telephon 35124	e Number	Total Number of Pages in Report	
		-3	
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous filing	3)	1	20 79
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a 275	33	
2b Non-itemized cash contributions	2b -		
2c Total cash contributions (add lines 2a and 2b)		2c 6	275 83 \$0.00
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a		
3b Non-itemized in-kind contributions	3b -6		
3c Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00	

Itemized Receipts from Other Sources (total from Form 4) |4a| Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) \$0.00 **Expenditures** Itemized expenditures (total from Form 5) 5a Non-itemized expenditures 5b Total expenditures (add lines 5a and 5b) 5c **Expenditures on Line of Credit** Itemized expenditures (total from Form 6) 6a Non-itemized expenditures 6b 6c Total expenditures on credit (add lines 6a and 6b) 6c Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

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.

Signature of Candidate or Elected Official Date

Receipts from Other Sources

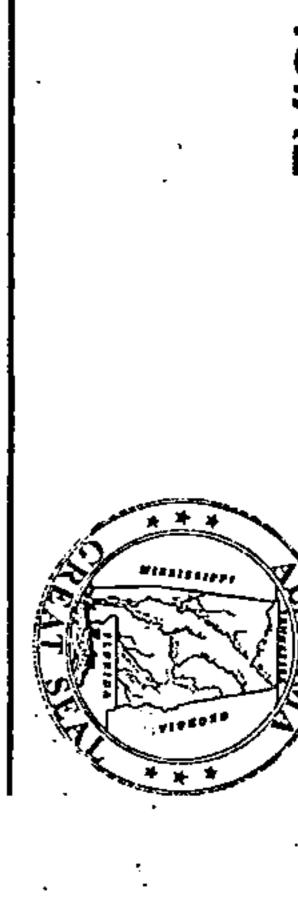
Sworm to and subscribed before me this ______ day of ______ My commission expires the ______ day of ______ of the year ______ of the year ______ 2 ____ .

Signature of Nodary Public _______ Standard Public _______ A STA

CAMPAIGN PRAC TICES ACT -CAMPAIGN FINANCE REPOR FOR CANDIDATE Q٥ ELECTED OFFICIAL

received <u>5</u> candidate 9 elected official

AME OF CANDIDATE OR ELECTED OFFICIAL:



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

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95 83	2/2/18		Aca 35124	PECHANIC.	CRY DANIS	THE THE STATE OF T
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Business or Corporation Individual PAC Other Returned	OULD INCLUDE CITY, STATE, AND ZIP)	STREET OR P.O. BOX,	(INCLUDE FULL NAME)	
		SOURCE OF CONTRIBUTION (CHECK ONE)				

TICES ACT - CAMPAIGN FINANCE REPOR FOR CANDIDATE/ELECTED OFFICIAL

Contributions received by c andidate or elected official.

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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Business/ Corporation Individual PAC Other	Other	Rent Transportation	Food	Equipment	Consultants/ Polling	Administrative Advertising	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)	1
		SOURCE (CHECK ONE)	Z	витю	ONTRI	OF C	TURE	N A:			
	ce to be itemized.	s from that source listings.	tributions for those	con	ires all s 2 an	requir	CPA Use F	the F orm. l	total contributions from a single source exceed \$100.00, DO NOT LIST cash or loans on this f	When t	3

ALABAMA FAIR CAMPAIGN PRACT TICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

Receipts TOB コのア Sour Ces loans, interest, TAT and other sources of

NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

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						ate, AL
RECEIPT	RECEIVED (mo./day/yr.)	Lending Institution PAC Individual Business Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Interest Loan Other	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
	J	RECEIPT SOURCE (CHECK ONE)	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT		ם ח ח ח

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPOR FOR CANDIDATE & ELECTED OFFICIAL

TOZZ NAME OF CANDIDATE OR ELECTED OFFICIAL: UT. Expend: tures by candidate elected of

When total expenditures to a single recipient exceed \$100.00, the FCPA

requires all expenditures

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that recipient be

FORM REVISED 9.2.2011	202008140003524 Shelby Cnty Jud 08/14/2020 01:0	40 5/6 \$.00 ge of Probate, 4:13 PM FILED/C	ALERT	Buid-a-sigu, com	PNC BANK	NSR	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
				11525A Stoveholler DR. Ste 100, Austra, TX 78758	BIRNINGHAM, AC 35203	Rellman, AL 35124	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
TOTAL EXPENDITURES THIS PAGE				V Signage 8	1 SAN - BANK 8	10 Restage 8	Administrative Advertising Consultants/ Polling Contribution Food Fundraising Loan Repayment Lodging Transportation EXPLANATION (a)	PURPOSE OF EXPENDITURE (CHECK ONE)
GE				1/5/20	1/3/20	1/2/20	PENDITURE (mo./day/yr.)	•
277, 30.00				262,55	#7.00	47,75	AMOUNT OF EXPENDITURE	

ABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

O Expendit tures ne of by candidate or ***** elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total expenditures ಠ a single recipient exceed \$100.00, the FCPA requires <u>a</u> expenditures ರ that recipient be

TOTAL E	Shel	lby Cnty	352440 6/ Judge of 1:04:13	6 \$.00 Probate PM FILED	AL				PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Advertisi an tion of ising the sign of the sign of the state of the sign of t	(CHECK ONE)
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PAGE								-	EXPENDITURE (mo./day/yr.)	
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