Type of Report (check one)

Monthly

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

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Shelby Cnty Judge of Probate, AL 08/14/2020 04:06:06 PM FILED/CERT

Amended Monthly

Offi Ad City	ce Sought of Held (include district or circuit number, if applicable) Check box if reporting new address			For Mon Month for Month for Pages in	r which filed. kly Refriday in which filed. mber	eports in the the	s	nded Weekly
1	Beginning balance (ending balance from previous filing)	,	* .			1	<u></u>	
-	Cash Contributions	•	, , , , , , , , , , , , , , , , , , , ,	. •	,	-	• • • • • • • • • • • • • • • • • • •	•
2a	Itemized cash contributions (total from Form 2)	2a						٤
2b	Non-itemized cash contributions	2b				ļ. 	· · · · · · · · · · · · · · · · · · ·	¥
2c	Total cash contributions (add lines 2a and 2b)		e de la companya de En	· ·	· · · · · · · · · · · · · · · · · · ·	2c	,	\$0.00
	In-Kind Contributions			: :	; ~~,		- · · · · · · · · · · · · · · · · · · ·	
3a	Itemized in-kind contributions (total from Form 3)	3a				<i>'</i>	: ':	•
3b	Non-itemized in-kind contributions	3b]]		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		\$	0.00	,	:	r: 2
,	Receipts from Other Sources	, \$			3	•	:	
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	37	75. c	6		y. ;4	
	Non-itemized Receipts from Other Sources	4b				4	:	
4c	Total receipts from other sources (add lines 4a and 4b)	r _ę		٠.		4c	377	5. D30.00
	Expenditures		•	,	•	<u> </u>	h _e	, , ,
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				er sp		* * *.	engl =
6a	Itemized expenditures (total from Form 6)	6a						, ·
6b	Non-itemized expenditures	6b						•
6c	Total expenditures on credit (add lines 6a and 6b)	6c		Ş	0.00		۳. : فدد	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)					7	37	15.00°
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 Qandidate or Elected Official Sworn to and subscribed before me this								

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CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL PAIGN PRACTICES ALABAMA FAIR CAM

incom sources other and interest, loans, ces 回 from eceipts

OFFICIAL: E OR ELECTED AT CANDID P NAME



itemized

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2

FCPA requires all contributions from that source

, the

source exceed \$100.00

When total contributions from a single

0 0 AMOUNT RECEIPT \$0 NA O (mo./day/yr.) PAGE Other RECEIPT SOURCE (CHECK ONE) Business THIS Individual and 3 for those listing PAC က RECEIPT noitution rending FULL NAME AND COM-OF INDIVIDUAL(S) EN-THIS BLOCK IF RECEIPT IS A LOAN DORSING OR GUARANTEEING LOANJ 8 N ঞ্চ 3 TOTA Ŋ V) GUARANTORS on this form. Use Forms 2 FCPA REQUIRES
PLETE ADDRESS COMPLETE DO NOT LIST cash or in-kind contributions RECEIPT Other FORM гози OF Interest (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) ADDRESS 3 RECEIPT ILL NAME) S FORM REVISED 10.27.2011 SOURCE OF RE 3 Sor 45 Shelby Cnty Judge of Probate, AL FILED/CERT PΜ 3 04:06:06 08/14/2020