



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20200817000353820 1/4 \$.00
 Shelby Cnty Judge of Probate, AL
 08/17/2020 10:22:39 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official Gregory Farrell		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) Alabaster City Council Ward 4			
Address ☐ Check box if reporting new address 161 Sterling Gate Dr.			
City Alabaster	State Al	ZIP Code 35007	Telephone Number 205-903-2308

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

8/8/20-8/14/20

4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	208.34
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	75.00
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	75.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	
3b	Non-itemized in-kind contributions	3b	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	-0-
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	750.00
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	750.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	891.40
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	891.40
Expenditures on Line of Credit			
6a	Itemized expenditures (total from Form 6)	6a	
6b	Non-itemized expenditures	6b	
6c	Total expenditures on credit (add lines 6a and 6b)	6c	-0-
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	141.94

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

Sworn to and subscribed before me this **17** 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

GEORGE FRANK



**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)**

Administrative
Advertising
Consultants/ Polling
Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

OTHER
GIVE
BRIEF
EXPLANATION

**DATE OF
EXPENDITURE**
(mo./day/yr.)

**AMOUNT
OF
EXPENDITURE**

Vista Point

9250 Ned Rock Road
Suite A
Reno, NV 89508

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Advertising

Consultants/ Polling	Contract Value	Contract Period	Contract Description
1			
2			
3			
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Contribution

Food

Fundraising

Loan Repayment

Lodging

Transportation

Mail out -
Post cards

8/12/20

89. 40

20200817000353820 2/4 \$.00
Shelby Cnty Judge of Probate, AL
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TOTAL EXPENDITURES THIS PAGE

FORM REVISED 9.2.2011

891 40



NAME OF CANDIDATE OR ELECTED OFFICIAL:

Gregory Farnsworth

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.

[illegible]

20200817000353820 3/4 \$.00
Shelby Cnty Judge of Probate, AL
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FORM 4: Receipts from Other Sources loans, interest, and other sources of income



NAME OF CANDIDATE OR ELECTED OFFICIAL: Gregory Farnell

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 GUARANTORS (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
Gregory Farnell	161 STEALING CUTE DR Huntsville AL 35007	☐	☒	☐	Gregory Farnell 161 STEALING CUTE DR Huntsville AL 35007	☐	☐	☒	☐	☐	8/13/20	750.00
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