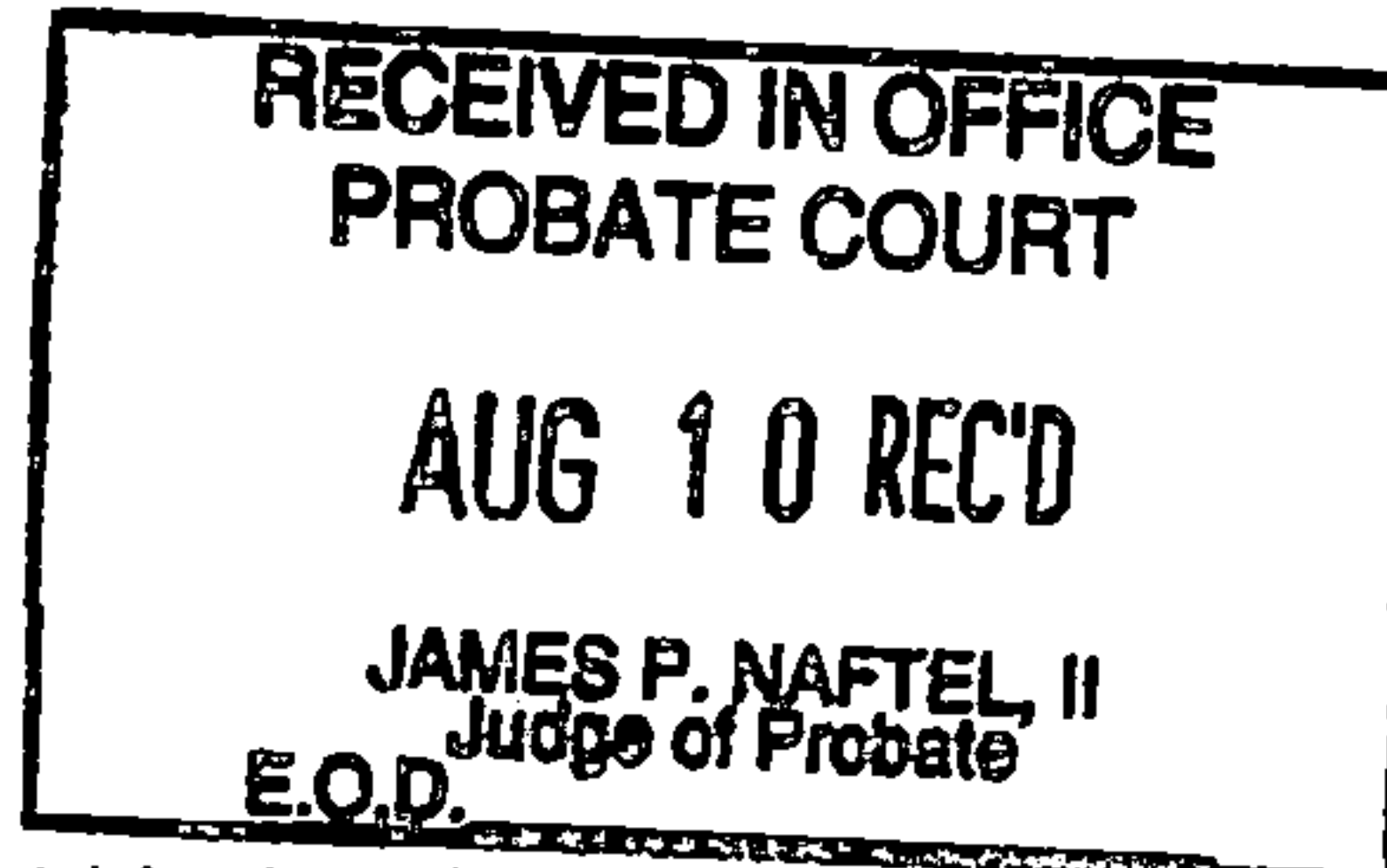




Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



Please Print in Ink or Type.

Name of Candidate or Elected Official Alli Nations		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Hoover City Council - Place 7			
Address <input type="checkbox"/> Check box if reporting new address 432 Park Avenue			
City Hoover	State AL	ZIP Code 35226	Telephone Number [REDACTED]

Type of Report (check one)

☐ Monthly☐ Amended Monthly☒ Weekly☐ Amended WeeklyFor Monthly Reports
Month for which the report is filed.For Weekly Reports
Date of Friday in the week for which the report is filed.

7/28/2020

Total Number of Pages in Report

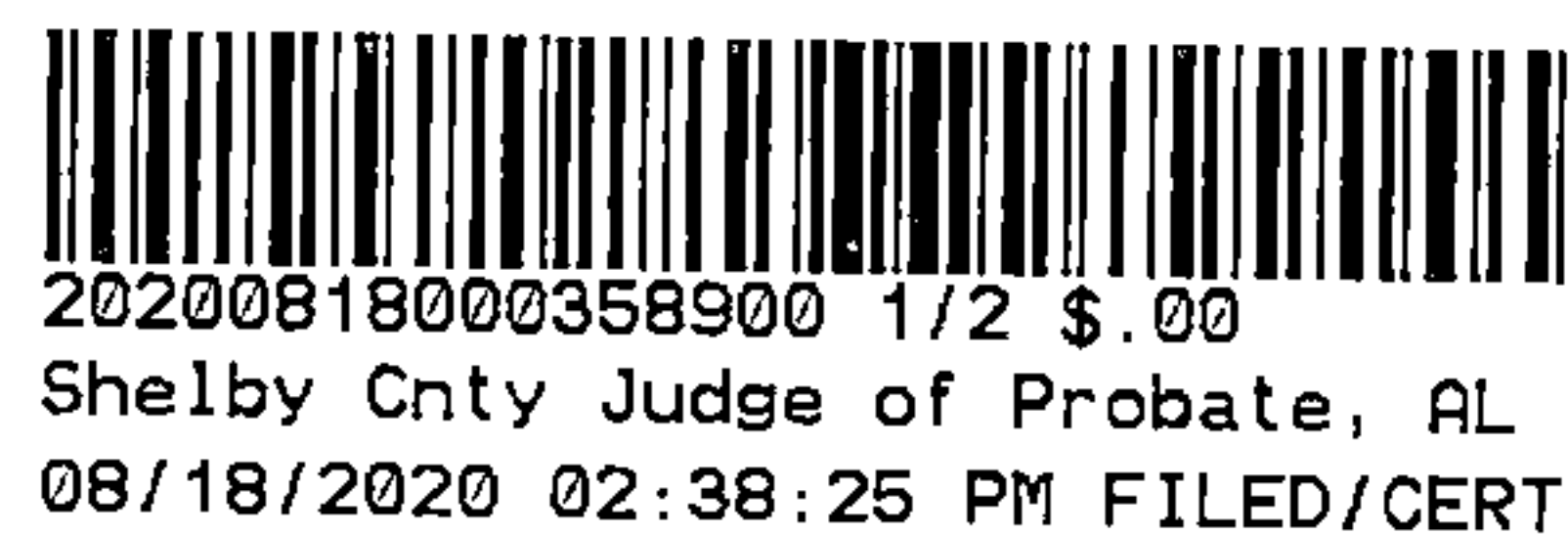
2

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$1,850.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$0.00
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	\$0.00
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	\$1,196.25
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	\$1,196.25
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	\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	\$653.75

County Division Code: AL040
Inst. # 2020086347 Pages: 1 of 2
I certify this instrument filed on
8/11/2020 9:26 AM Doc: ELANN
Judge of Probate
Jefferson County, AL.

Clerk: SMITHMO



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.

Alli Nations
Signature of Candidate or Elected Official

8/7/20
Date

Sworn to and subscribed before me this 7th day of August of the year 2020. My commission expires the 21st day of Feb. of the year 2023.

[Signature]
Signature of Notary Public

Amanda R. Zimmerman
Print Notary's Name



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Alli Nations

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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)									DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION
Alabama Graphics	2801 5th Ave. South Birmingham, AL 35233		✓									7/28/2020	\$1,196.25
TOTAL EXPENDITURES THIS PAGE												\$1,196.25	

20200818000358900 2/2 \$.00
Shelby Cnty Judge of Probate, AL
08/18/2020 02:38:25 PM FILED/CERT