FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Office Sought or Held (include district or circuit number, if applicable)

Name of Candidate or Elected Official

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in lnk or Type.

EUGENE BARRY

THIS AREA FOR OFFICIAL USE ONLY



Shelby Cnty Judge of Probate, AL 08/21/2020 10:16:50 AM FILED/CERT

Political Party/Ballot Affiliation	Date Covered by Report	
m, A1.		
		Amended Daily Report
į į	Takai Marakan at Marana	Section 1997

Check box if reporting new address iotal Number of Pages City ZIP Code State Telephone Number in Report 35124 Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (lotal from Form 2) Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) In-Kind Contributions Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions **3**b Total in-kind contributions (add lines 3a and 3b) 3c 50.00Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) |4a| Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) 0.00,00 4C Expenditures Itemized expenditures (total from Form 5) 5a 5b Non-itemized expenditures 5b 5c Total expenditures (add lines 5a and 5b) Expenditures on Line of Credit Itemized expenditures on line of credit (total from Form 6) 6a Non-itemized expenditures on line of credit Total expenditures on line of credit (add lines 6a and 6b) \$0.00 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

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 Date

Sworn to and	subscribed b	efore me	this 2	day of
lugust	of the year	202	<u>0</u> . My co	mmission expires
the 196	_day.pf	Jeuly	_ of the year	2022.
	LAND	R R	5 July	said
Signature of No	lary Public			_ A
Bar	para		Zdu.	ards

Print Notary's Name

DCT CAMPAIGN FINANCE REPORT FOR CANDIDATE ELECTED OFFICE

FORM 2: Contribution Contributions received Ç, Q n octoo



NAME OF CANDIDATE OR ELECTED OFFICIAL のおシック BARRY

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

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# 197,50	2 / K / K		118-EMERALD LAKE OF. FOLLAM 35124	Kevin SonES
# 1 000 x 00	3/17/20		8020 PARKWAY OR. Leads A1. 35094	JOHN BRUNSON
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Business or Corporation Individual PAC Other Returned	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		SOURCE OF CONTRIBUTION (CHECK ONE)		-

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

FORM 3: In-Kind Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED When total contributions from a single source

DO NOT LIST cash of OFFICIAL: ANN ANNY BALLY
exceed \$100.00, the FCPA requires all contributions from that source to be itemized. or loans on this form. Use Forms 2 and 4 for those listings.

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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Corporation	Other Business/	Transportation	Rent	Food	Equipment	Polling	Consultants/	Administrative Advertising	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	CONTRIBUTOR (INCLUDE FULL NAME)
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FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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CANDIDATE OR ELECTED ANDIDATE OR ELECTED OFFICIAL: DHNY BARRYWhen total contributions from a single source exceed \$100.00, the FCPA requires

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DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. all contributions from that source to be itemized.

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

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: FORM 5: Expenditures by candidate or elected 2 SA official



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

FORM REVISED 10.27.2011								Luke CAMMARA	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
							नेक्रक	448 Sherwood Circle.	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
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	_							7	Advertising Consultants/	
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