



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

20200824000366800 1/6 \$.00
Shelby Cnty Judge of Probate, AL
08/24/2020 10:27:45 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Leigh Hulsey</u>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <u>City Council Place 1</u>			
Address ☐ Check box if reporting new address <u>1709 Fieldstone Circle</u>			
City <u>Helena</u>	State <u>AL</u>	ZIP Code <u>35080</u>	Telephone Number

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.Total Number of
Pages in ReportAugust 14

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<u>560.27</u>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	<u>0</u>
2b	Non-itemized cash contributions	2b	<u>0</u>
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>0</u> \$0.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	<u>0</u>
3b	Non-itemized in-kind contributions	3b	<u>0</u>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<u>0</u> \$0.00
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<u>0</u>
4b	Non-itemized Receipts from Other Sources	4b	<u>0</u>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<u>0</u> \$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	<u>0</u>
5b	Non-itemized expenditures	5b	<u>0</u>
5c	Total expenditures (add lines 5a and 5b)	5c	<u>0</u> \$0.00
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	<u>560.27</u> \$0.00

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 Candidate or Elected Official

Date

8/21/2020

Sworn to and subscribed before me this 21 day of August of the year 2020. My commission expires the 8 day of December of the year 2020.

Signature of Notary Public

Print Notary's Name

FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL:

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								
\$0.00								

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NAME OF CANDIDATE OR ELECTED OFFICIAL:

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 loans on this form. Use Forms 2 and 4 for those listings.

[illegible]



NAME OF CANDIDATE OR ELECTED OFFICIAL:

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.

[illegible]

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TOTAL RECEIPTS THIS PAGE

50-00

FORM 5: Expenditures by candidate or elected official

**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
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

OTHER
GIVE
BRIEF
EXPLANATION

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

**AMOUNT
OF
EXPENDITURE**

TOTAL EXPENDITURES THIS PAGE

\$0.00



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NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

[illegible]