Name of Candidate or Elected Official

### FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

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

### Candidate & Elected Official Campaign Finance SUMMARY FORM 1 Campaign Finance Report

Please Print in lnk or Type.

THIS	AREA	FOR	OFFICIAL	USE	ONLY

Type of Report (check one)

Monthly

Weekly

**For Monthly Reports** 

Month for which the

report is filed.



Shelby Cnty Judge of Probate, AL 08/24/2020 10:27:45 AM FILED/CERT

Amended Monthly

Amended Weekly

Add	ress Check box if reporting new address  709 FICLASTONE CIVAL  State ZIP Code Telephone Nur  Heleha Au 35080	nber		For Weekly I Date of Frida week for which report is filed Total Number Pages in Rep	y in the ch the c <b>r of</b>	Aug	US+ 14
S	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous filing)				1	560.	27
	Cash Contributions						
	Itemized cash contributions (total from Form 2)	2a	<u> </u>				
2b	Non-itemized cash contributions	2b					
2c	Total cash contributions (add lines 2a and 2b)			`	2c	Ø	\$0.00
	In-Kind Contributions			-			
3a	Itemized in-kind contributions (total from Form 3)	3a	0	<u>-</u>			
3b	Non-itemized in-kind contributions	3b	0				
3c	Total in-kind contributions (add lines 3a and 3b)	3c	Ø	\$0.0	0		
	Receipts from Other Sources						
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0				
4b	Non-itemized Receipts from Other Sources	4b	Ø		_		
4c	Total receipts from other sources (add lines 4a and 4b)			• .	4c	D	\$0.00
	Expenditures	:		-			
5a	Itemized expenditures (total from Form 5)	5a	- • 	9			
5b	Non-itemized expenditures	5b		0			
5c	Total expenditures (add lines 5a and 5b)				5c	0	\$0.00
	Expenditures on Line of Credit						, ,
6a	Itemized expenditures (total from Form 6)	6a					
6b	Non-itemized expenditures	6b			,		
6с	Total expenditures on credit (add lines 6a and 6b)	6с	· -	\$0.0	0		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	,-			7	560	27 \$0.00
swe attac true state	ched report(s) and the information contained herein are	Gu 8	of the	of Decemb	<u>)O</u>	21	_ day of ssion expires

Print Notary's Name

Date

Political Party/Ballot Affiliation

Signature of Candidate or Elected Official

# ALABAMA FAIR CAMPAIGN PRACT FICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE Qo ECTED OFFICIAL

# FORM 2: Contributions received by candidate or ected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

CONTRIBUTOR (INCLUDE FULL NAME) When total contributions from a single source exceed \$100.00, the FCPA DO NOT LIST in-kind contributions or loans on this form. ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND requires Forms all contributions Business or 4 for 유 Corporation Individual CONTRIBUTION (CHECK ONE) those from that source SOURCE PAC listings. Other Returned to be ONTRIBU itemize ed 20200824000366800 2/6 \$.00 Shelby Cnty Judge of Probate, AL 08/24/2020 10:27:45 AM FILED/CERT

**FORM REVISED 10.27.2011** 

TOTAL

ASH

CONTRIBUTIONS

SIHT

PAGE

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# ALABAMA FAIR C AMPAIGN PRACT FICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

# Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

20.00	IIS PAGE		Z		7 5 5	<b>I</b>				Z	1 2				FORM REVISED 10.27.2011
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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Polling Equipment	Consultants/	Advertising	Administrative	ADDRESS  AME)  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAM
		<u>m</u>	OURCE ECK ONE)	0年で (CHEC			NOIL	FRIBU	92	OF CO	-CRE	NAT	_		
	e to be itemized.	ource	that so	野当	がま	# Ho	ontrib 4 for	all co	uires ms 2	requ	CPA Use I	the Footname (	00, is fo	When total contributions from a single source exceed \$100.  DO NOT LIST cash or loans on the	

# ALABAMA FAIR CAMPAIGN PRACT TICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

### **FORZ** 4: Receipts from Sources loai ns, interest, and other sources 9

NAME OF CANDIDATE OR ELECTE O OFFICIAL:

When total contributi

ons from a single source exceed \$100.00, the FCPA

all contributions

from that source

ö

be itemized.

and 3 for those

**FORM REVISED 10.27.2011** SOURCE OF RECEIPT (INCLUDE FULL NAME) ADDRESS

(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or in-kind contributions OF RECEIPT Interest Loan Other on this form [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE **GUARANTORS** requires ₁. Use Fo Þ BLOCK F Forms TOTAL RECEIPTS Lending listings. Institution RECEIPT SOURCE (CHECK ONE) PAC SIHT Individual **Business** PAGE Other om) Z \$0 20200824000366800 4/6 \$.00 00 Shelby Cnty Judge of Probate, AL 08/24/2020 10:27:45 AM FILED/CERT

## ALABAMA FAIR CAMPAIGN PRACT **TICES** ACT CAMPAIGN FINANCE REPORT FOR ANDIDATE Qο ELECTED OFFICIAL

### FORM 5: Expenditu res рd candidate elected 0 ficial

NAME OF CANDIDATE OR ELECTED OFFICIAL:



**FORM REVISED 10.27.2011** PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) When total expenditures STRE ರ  $\boldsymbol{\omega}$ single recipient exceed AND ZIP) **⇔** 100.00, Administrative the Advertising T Consultants/ Polling Charitable Contribution PURPOSE OF EXPENDITURE (CHECK ONE) requires OTAL Food Fundraising <u>ല</u> **EXPENDITURES** Loan Repayment expenditures Lodging Transportation ₽ 0 OTHER BRIEF that ANATION **THIS** recipient PAGE DATE be itemized. EXPENDITURE \$0. 20200824000366800 5/6 \$.00 Shelby Cnty Judge of Probate, AL 00 08/24/2020 10:27:45 AM FILED/CERT

# ABAMA FAIR CAMPAIGN PRACT **TICES ACT** - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

# NAME OF CANDIDATE OR ELECTED OFFICIAL: FORM 6: Expenditures Line of Credit by candidate or elected official



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

\$ 0.00	PAGE	TURES THIS F	XPENDI	PE		Z A	<b> </b>				FORM REVISED 5.19.2017
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							,				
			,	<u> </u>							
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation Interest	Lodging	Fundraising	Food	Contribution	Advertising Consultants/ Polling	Administrative	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		URE	XPENDITURE (ONE)	OF EXP	OSE OF	RPOS	골				