#### Candidate & Elected Official Campaign Finance Reportation of Finance Reportatio Reportation of Finance Reportation of Finance Reportation of Fi SUMMARY FORM 1

County Division Code: AL040 Inst. # 2020088284 Pages: 1 of 4 I certify this instrument filed on 8/14/2020 1:25 PM Doc: ELCAPRE Judge of Probate Jefferson County, AL.

Clerk: SANDERSL

Please Print in Ink or Type.	E.O.D. Judge of Probate  E.O.D. Judge of Probate
Name of Principal Campaign Committee	E.O.D. Judge Of Production
CAMPAIGN TO ELECT ASHLEY	E.O.D. Judge of E.O.D.
Full Name of Candidate Politic	cal Party
ASITUEY COTEY CURRY	Cal Party
Office Sought (include district or circuit number, if applicable)	20200825000370030 1/4 \$.00 Shelby Cnty Judge of Probate, AL
MAYOR - VESTAVIA HILLS	08/25/2020 09:50:21 AM FILED/CERT
Address	☐ Amended Major Contribution Report
724 DONNA DRIVE	Date of this Report
	hone Number
VESTAVIA HILLS AL 35226	
Summary of Major Contribution Activity	
1 Beginning balance (ending balance from previous fili	ing)

1 Beginning balance (ending balance from previous filing)	1 \$ 2500.00
2 Total Cash Contributions (total from Form 2)	2 100 . 80
3 Total In-Kind Contributions (total from Form 3)	3
4 Total Receipts from Other Sources (total from Form 4)	45 -
5 Ending balance (add lines 1, 2, 3 and 4)	5 \$ 29000

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, Elected Official or Committee 8/14/20 Date Member

Sworn to and subscribed before me this of the year <u>QOBO</u> . My commission expires the 8 day of Amil of the year 9093

JOAN LICARI ALFANO Signature of Notary Public Alabama State at Large My Commission Expires April 18, 2022 Print Notary's Name

FORM REVISED 01.02.2018

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18/11-	A ROY ALLE FARMS	
vvnere	to file this form	

State Candidates and Elected Officials: File this report electronically with the Office of the Secretary of State:

http://fcpa.alabamavotes.gov

Do you have questions or need assistance? Contact the Elections Division:

Call us: 334-242-7210

Visit our office:

Write to us:

800-274-8683

Elections Division

Elections Division

Email us: alavoter@vote.alabama.gov

600 Dexter Avenue, Room E-210

P.O. Box 5616

Montgomery, Alabama 36130

Montgomery, Alabama 36103-5616

### ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT TO O CANDIDATE ලා M M OFFICIAL

## received by candidate 9 elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL ASH COTEY



FORM REVISED 9.2.2011 When total contributions from a single source exceed \$100.00, the FCPA requires コなん (INCLUDE FULL NAME) びで呼ぶ DO NOT LIST in-kind contributions or loans on this form. 736 VESTAVIA ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) じらとどろ DRIVE と TOTAL Use (V) Dun I orms 6 all contributions CONTRIBUTIONS and Business or 4 유 Corporation ਰੂ SOURCE CONTRIBUTION (CHECK ONE) Individual those listings from PAC that Other source Returned I S ਰ \$€ ONTRIBUTION be RECEIVED (mo./day/yr.) PAGE itemized. 0 CONTRIBUTION 20200825000370030 2/4 \$.00 Shelby Cnty Judge of Probate, AL 08/25/2020 09:50:21 AM FILED/CERT

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

NAME OF CANDIDATE OR ELECTED in-Kind Contributions received by candidate or elected official OFFICIAL:



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	to be itemized.	ource	nat so s.	om th	ns fro	outior thos	ontrik 4 for	all co	uires ns 2	requ	CPA Use	he F	).00, his fo	When total contributions from a single source exceed \$100.000 MOT LIST cash or loans on the	

### ALABAMA FAIR CAMPAIGN PRACTI CES ACT CAMPAIGN FINANCE REPORT Ŋ 0 CANDIDATE/ELECTED OFFICIAL

### Receipts Sources loams, interest, Other sources income

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires contributions and 3 for those from that source ਰੋਂ ਵ be itemized.

FORM REVISED 9.2.2011 SOURCE OF RECEIPT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) NOT LIST cash or in-kind contributions 유 Interest FORM Loan Other on this form. FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE THIS BLOCK IF GUARANTORS Use Forms TOTAL RECEIPT RECEIPTS Lending Institution listings. RECEIPT SOURCE (CHECK ONE) PAC Individual Business Other RECEIVED (mo./day/yr.) RECEIPT 20200825000370030 4/4 \$.00 Shelby Cnty Judge of Probate, AL 08/25/2020 09:50:21 AM FILED/CERT