

DAILY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

THIS AREA FOR OFFICIAL USE ONLY

20200831000383600 1/1 \$.00
Shelby Cnty Judge of Probate, AL
08/31/2020 12:51:35 PM FILED/CERT

Name of Candidate or Elected Official Scott Christian		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Pelham City Council			
Address <input type="checkbox"/> Check box if reporting new address 107 Windsor Ln			
City Pelham	State AL	ZIP Code 35124	Telephone Number 205-529-8860

Date Covered by Report

8/28/20

☐ Amended Daily Report

Total Number of Pages
in Report

1

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	20.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0	
2b	Non-itemized cash contributions	2b	0	
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	0	
3b	Non-itemized in-kind contributions	3b	0	
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	0	
4b	Non-itemized Receipts from Other Sources	4b	0	
4c	Total receipts from other sources (add lines 4a and 4b)	4c		\$0.00
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	0	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
Expenditures on Line of Credit				
6a	Itemized expenditures on line of credit (total from Form 6)	6a	0	
6b	Non-itemized expenditures on line of credit	6b	0	
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c		\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7		20.00

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.

Scott Christian
Signature of Candidate or Elected Official

8/31/20
Date

Sworn to and subscribed before me this **31st** day of **August** of the year **2020**. My commission expires the **20th** day of **June** of the year **2022**.

Debbie Murphree
Signature of Notary Public

Debbie Murphree
Print Notary's Name

