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Shelby Cnty Judge of Probate, AL
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Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official KAREN McCARTY	Political Party/Ballot Affiliation
Office Sought or Held (include district or circuit number, if applicable) Town Council	
Address ☐ Check box if reporting new address 2321 Hebb Road	
City Wilsonville State AL ZIP Code 35186 Telephone Number	

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

For Monthly Reports
Month for which the report is filed:For Weekly Reports
Date of Friday in the week for which the report is filed.

08/28/2020

Number of
Reports

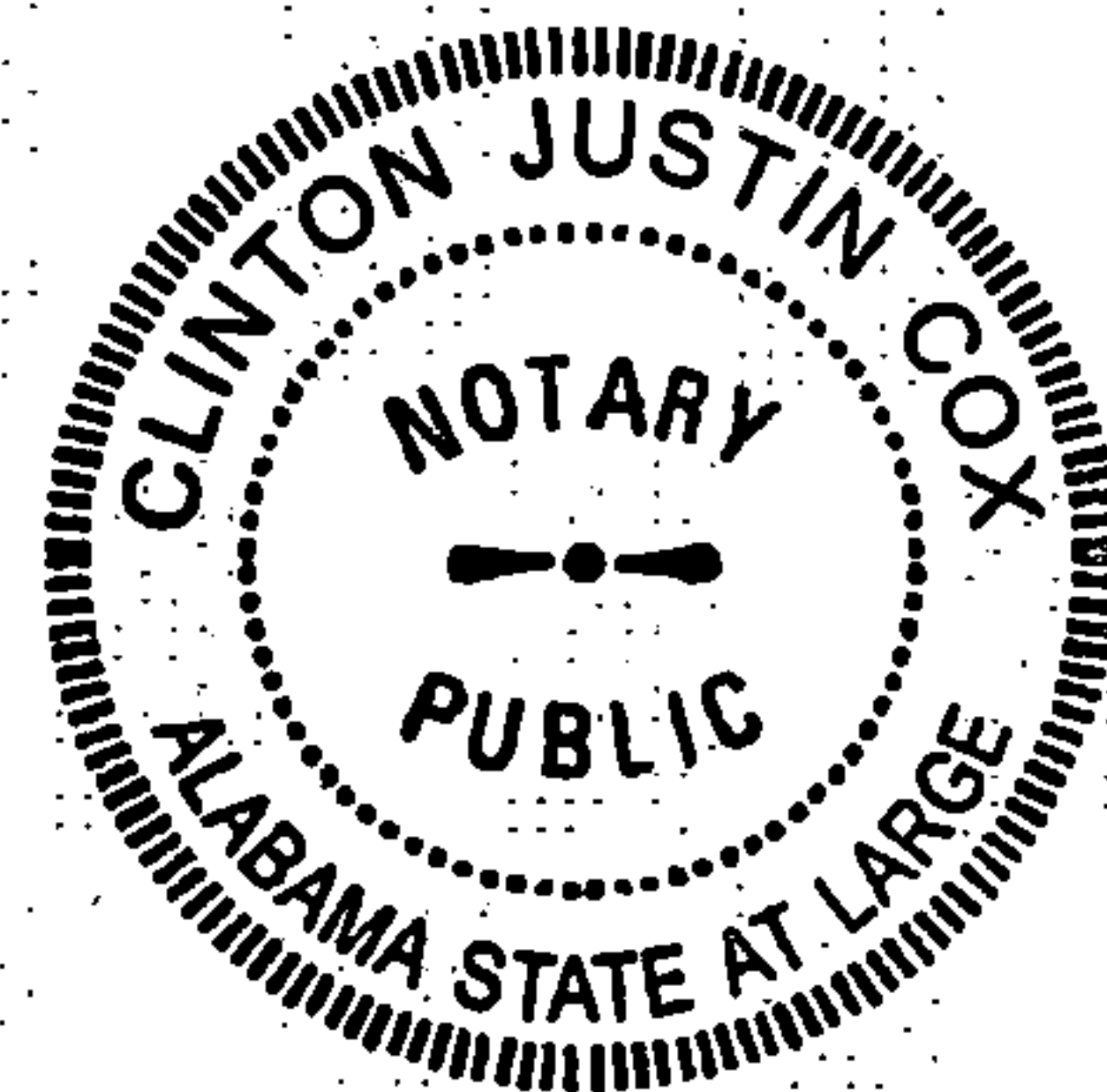
Summary of activity since last filed report

1 Beginning balance (ending balance from previous filing)		1	
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a	115.11	
2b Non-itemized cash contributions	2b		
2c Total cash contributions (add lines 2a and 2b)	2c	115.11	\$0.00
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a		
3b Non-itemized in-kind contributions	3b		
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		
4b Non-itemized Receipts from Other Sources	4b		
4c Total receipts from other sources (add lines 4a and 4b)	4c		\$0.00
Expenditures			
5a Itemized expenditures (total from Form 5)	5a		
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)	5c		\$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	115.11	\$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.

Karen McCarty **08/31/2020**
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **31st** day of **August** of the year **2020**. My commission expires the **7th** day of **August** of the year **2024**.
Clinton Justin Cox
Signature of Notary Public Print Notary's Name



NAME OF CANDIDATE OR ELECTED OFFICIAL:

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			
Self									
Self							08/25/2020	\$12.00	
Self							8/25/2020	\$103.11	
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$115.11	



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FORM 3: In-Kind 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 cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
FORM REVISED 10.27.2011		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE												\$0.00	



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FORM 4: Receipts from Other Sources loans, interest, and other sources of income

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.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
FORM REVISED 10.27.2011												TOTAL RECEIPTS THIS PAGE	\$0.00



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**FORM 5: Expenditures** by candidate or elected official

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.

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)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
TOTAL EXPENDITURES THIS PAGE													\$0.00

FORM REVISED 10.27.2011



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