



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20200908000400010 1/4 \$.00
Shelby Cnty Judge of Probate, AL
09/08/2020 04:23:36 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official BECKY BEALL		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Perham City Council Place 4			
Address <input type="checkbox"/> Check box if reporting new address P.O. Box 485			
City Perham	State AL	ZIP Code 35124	Telephone Number 205-594-5982

Type of Report (check one)

☒ Monthly
☐ Weekly

☐ Amended Monthly
☐ Amended Weekly
For Monthly Reports
Month for which the report is filed.**August**For Weekly Reports
Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	488.20
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	1,700.00
2b	Non-itemized cash contributions	2b	1,700.00
2c	Total cash contributions (add lines 2a and 2b)	2c	3,400.00
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	215.82
4b	Non-itemized Receipts from Other Sources	4b	—
4c	Total receipts from other sources (add lines 4a and 4b)	4c	215.82
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	4,342.88
5b	Non-itemized expenditures	5b	45.85
5c	Total expenditures (add lines 5a and 5b)	5c	4,388.73
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	-284.71

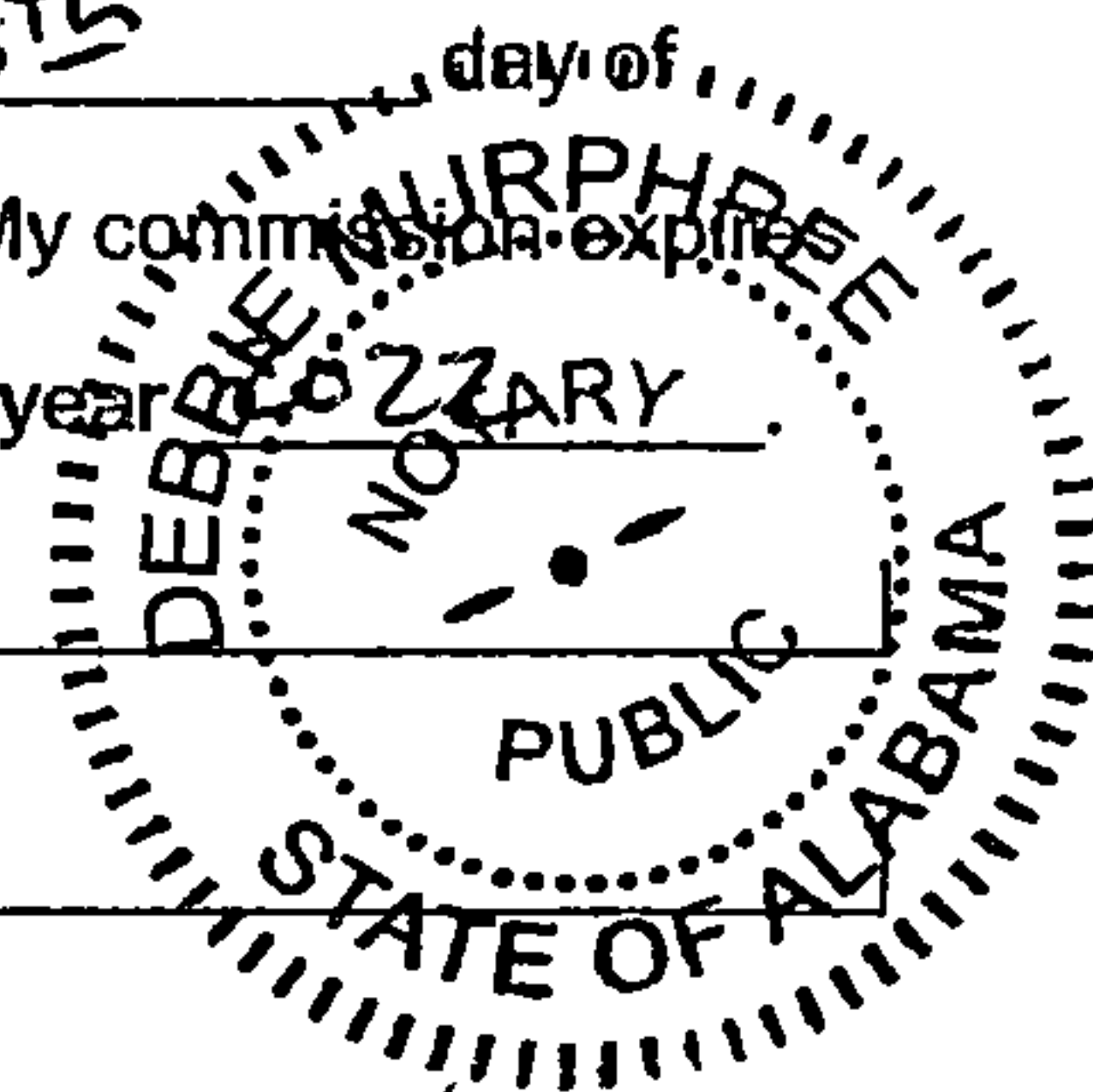
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Becky Beall **9-8-20**
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **8th** day of **September** 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



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.

[illegible]

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 COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
Becky Beall	2536 Ashford Dr. Delmar, DE 35129	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Becky Beall Delmar 2536 Ashford Dr. 35129	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8-14-20	215.82
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NAME OF 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
Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

OTHER
GIVE
BRIEF
EXPLANATION

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

**AMOUNT
OF
EXPENDITURE**

Shelby County Reports

P.O. Box 947
35581
115 N. Main St Columbia Mt

23 David

115 David Street Pl. 5th A
Birmingham AL 35244

Moto Truck Rental

100 metro play.
Delham AL-35724

Alpha Graphix

2159 Rocky Ridge Rd.
Hoonah 142 35216

TOTAL EXPENDITURES THIS PAGE

FORM REVISED 9.2.2011

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Shelby Cnty Judge of Probate, AL
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