



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



20200924000430670 1/6 \$.00
Shelby Cnty Judge of Probate, AL
09/24/2020 01:55:45 PM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official RICK WASH		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 106 INDIAN LANDING RD			
City PELHAM	State AL	ZIP Code 35124	Telephone Number [REDACTED]

Type of Report (check one)

- ☐ Monthly
☒ Weekly
☐ Amended Monthly
☐ 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.

9-25-2020

Total Number of Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	1,175⁰⁰
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	22.00
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	\$2.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	20⁰⁰
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	20⁰⁰
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	1,155⁰⁰

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 or Elected Official

Date

09/24/20

Sworn to and subscribed before me this **24** day of **September** of the year **2020**. My commission expires the **22** day of **Feb** of the year **2020**.

Signature of Notary Public

Signature of Notary Public

Jessica L. Holland

Print Notary's Name

Pick LASHA

PAGE 2 OF 6

CONTRIBUTOR
(INCLUDE FULL NAME)

ADDRESS
(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX, CITY, STATE, AND ZIP)

**SOURCE
OF CONTRIBUTION
(CHECK ONE)**

Business or Corporation

Individual

PAC

Other

Returned

**DATE
CONTRIBUTION
RECEIVED
(mo./day/yr.)**

**AMOUNT
OF
CONTRIBUTION**

$$\frac{1}{A}$$

FORM REVISED 10.29.99

TOTAL CASH CONTRIBUTIONS THIS PAGE

\$0.00



20200924000430670 2/6 \$.00
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NAME OF CANDIDATE OR ELECTED OFFICIAL: Thick Vasa

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

[illegible]

20200924000430670 3/6 \$.00
Shelby Cnty Judge of Probate, AL
09/24/2020 01:55:45 PM FILED/CERT

FORM 4: Receipts from Other Sources loans, interest, and other sources of incomeNAME OF CANDIDATE OR ELECTED OFFICIAL: Mike Walsh

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		
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

PAGE 5 OF 6

**AMOUNT
OF
EXPENDITURE**

2001

[illegible]

20-10





NAME OF CANDIDATE OR ELECTED OFFICIAL:

Kick Bush

**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
Lodging
Transportation
Interest

OTHER
GIVE
BRIEF
EXPLANATION

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

**AMOUNT
OF
EXPENDITURE**

1/A

20200924000430670 6/6 \$.00
Shelby Cnty Judge of Probate, AL
09/24/2020 01:55:45 PM FILED/CERT