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 Shelby Cnty Judge of Probate, AL
 09/28/2020 01:50:44 PM FILED/CERT

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official BECKY BEAL		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Peiham City Council Place 4			
Address ☐ Check box if reporting new address P.O. Box 485			
City Peiham	State AL	ZIP Code 35124	Telephone Number 205-559-5485

Type of Report (check one)

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

Total Number of Pages in Report

9-25-20**Summary of activity since last filed report**

1	Beginning balance (ending balance from previous filing)	1	1,412.29
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	
2b	Non-itemized cash contributions	2b	300.00
2c	Total cash contributions (add lines 2a and 2b)	2c	300.00
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	600.00
4b	Non-itemized Receipts from Other Sources	4b	—
4c	Total receipts from other sources (add lines 4a and 4b)	4c	600.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	2065.67
5b	Non-itemized expenditures	5b	—
5c	Total expenditures (add lines 5a and 5b)	5c	2065.67
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	246.62

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 Beal **9-28-20**
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this **28th** day of **Sept** of the year **2020**. My commission expires the **9th** day of **Feb** of the year **2021**.

Vicki Martina
 Signature of Notary Public

Vicki Martina
 Print Notary's Name

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Becky Ball



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 [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 BALL	2536 Da Hart Dr Pellham AL 36564		X		Becky Ball 2536 Da Hart Dr Pellham AL			X			9-21-20	600.00
TOTAL RECEIPTS THIS PAGE											600.00	

