


 20201005000449460 1/6 \$.00  
 Shelby Cnty Judge of Probate, AL  
 10/05/2020 11:24:19 AM FILED/CERT

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

|                                                                                                          |             |                                                  |                                |
|----------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------|--------------------------------|
| Name of Candidate or Elected Official<br>David F Mitchell                                                |             | Political Party/Ballot Affiliation<br>Republican |                                |
| Office Sought or Held (include district or circuit number, if applicable)<br>Mayor, Columbiana, AL 35051 |             |                                                  |                                |
| Address <input type="checkbox"/> Check box if reporting new address<br>310 Highway 25 E                  |             |                                                  |                                |
| City<br>Columbiana                                                                                       | State<br>AL | ZIP Code<br>35051                                | Telephone Number<br>[REDACTED] |

## 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.

 Total Number of  
 Pages in Report

10/2/2020

## Summary of activity since last filed report

|                                       |                                                               |    |              |              |
|---------------------------------------|---------------------------------------------------------------|----|--------------|--------------|
| 1                                     | Beginning balance (ending balance from previous filing)       |    | 1            | (\$7,180.60) |
| <b>Cash Contributions</b>             |                                                               |    |              |              |
| 2a                                    | Itemized cash contributions (total from Form 2)               | 2a | \$0.00       |              |
| 2b                                    | Non-itemized cash contributions                               | 2b | \$0.00       |              |
| 2c                                    | Total cash contributions (add lines 2a and 2b)                | 2c | \$0.00       |              |
| <b>In-Kind Contributions</b>          |                                                               |    |              |              |
| 3a                                    | Itemized in-kind contributions (total from Form 3)            | 3a | \$0.00       |              |
| 3b                                    | Non-itemized in-kind contributions                            | 3b |              |              |
| 3c                                    | Total in-kind contributions (add lines 3a and 3b)             | 3c | \$0.00       |              |
| <b>Receipts from Other Sources</b>    |                                                               |    |              |              |
| 4a                                    | Itemized Receipts from Other Sources (total from Form 4)      | 4a | \$0.00       |              |
| 4b                                    | Non-itemized Receipts from Other Sources                      | 4b | \$0.00       |              |
| 4c                                    | Total receipts from other sources (add lines 4a and 4b)       | 4c | \$0.00       |              |
| <b>Expenditures</b>                   |                                                               |    |              |              |
| 5a                                    | Itemized expenditures (total from Form 5)                     | 5a | \$0.00       |              |
| 5b                                    | Non-itemized expenditures                                     | 5b |              |              |
| 5c                                    | Total expenditures (add lines 5a and 5b)                      | 5c | \$0.00       |              |
| <b>Expenditures on Line of Credit</b> |                                                               |    |              |              |
| 6a                                    | Itemized expenditures (total from Form 6)                     | 6a | \$0.00       |              |
| 6b                                    | Non-itemized expenditures                                     | 6b | \$0.00       |              |
| 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  | (\$7,180.60) |              |

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: [Signature] Date: Oct 5, 2020

Sworn to and subscribed before me this 5 day of October of the year 2020. My commission expires the 22 day of Feb of the year 2022.

Signature of Notary Public: [Signature]  
 Print Notary's Name: Jessica L. Holland





# FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: David F Mitchell ( week ending October 2, 2020)

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.

| CONTRIBUTOR<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE<br>OF CONTRIBUTION<br>(CHECK ONE) |                          |                          |                          |                          | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------|------------------------------|
|                                    |                                                                                 | Business or<br>Corporation               | Individual               | PAC                      | Other                    | Returned                 |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
|                                    |                                                                                 | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                   |                              |
| TOTAL CASH CONTRIBUTIONS THIS PAGE |                                                                                 |                                          |                          |                          |                          |                          |                                                   | \$ 0.00                      |

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# FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: David F Mitchell (week ending October 2, 2020)

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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE)        |                          |                          |                          |                          |                          |                          |                          |                          |                          | SOURCE<br>(CHECK ONE)    |                          |                          |                          | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |  |
|------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------|------------------------------|--|
|                                    |                                                                                 | Administrative                               | Advertising              | Consultants/<br>Polling  | Equipment                | Food                     | Rent                     | Transportation           | Other                    | Business/<br>Corporation | Individual               | PAC                      | Other                    |                          |                          |                                                   |                              |  |
|                                    |                                                                                 | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                          |                              |  |
|                                    |                                                                                 | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                          |                              |  |
|                                    |                                                                                 | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                          |                              |  |
|                                    |                                                                                 | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                          |                              |  |
|                                    |                                                                                 | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                          |                              |  |
|                                    |                                                                                 | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                          |                              |  |
|                                    |                                                                                 | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                          |                              |  |
|                                    |                                                                                 | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                          |                              |  |
|                                    |                                                                                 | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                          |                              |  |
|                                    |                                                                                 | <input type="checkbox"/>                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                          |                              |  |
|                                    |                                                                                 | <b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b> |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                                                   | 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: David F Mitchell ( Week ending October 2, 2020)

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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX,<br>CITY, STATE, AND ZIP) | FORM<br>OF RECEIPT       |                          |                          | COMPLETE THIS BLOCK IF RECEIPT<br>IS A LOAN<br><br>[FCPA REQUIRES FULL NAME AND COM-<br>PLETE ADDRESS OF INDIVIDUAL(S) EN-<br>DORSING OR GUARANTEEING LOAN] | RECEIPT SOURCE<br>(CHECK ONE) |                          |                          |                          |                          | DATE<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>RECEIPT |
|------------------------------------------|------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------|
|                                          |                                                                                    | Interest                 | Loan                     | Other                    |                                                                                                                                                             | Lending<br>Institution        | PAC                      | Individual               | Business                 | Other                    |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                   |                         |
|                                          |                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                                                                                                                             |                               |                          |                          |                          |                          |                                   |                         |





# FORM 5: Expenditures by political action committee

**NAME OF POLITICAL ACTION COMMITTEE: David Fletcher Mitchell Principal Campaign Committee**

**When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.**

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br><br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |              |      |             |                   |         |                | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |                                       |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|--------------|------|-------------|-------------------|---------|----------------|-----------------------------------------|-----------------------------|---------------------------------------|
|                                                                       |                                                                                     | Administrative                        | Advertising | Consultants/<br>Polling | Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation |                                         |                             | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |
|                                                                       |                                                                                     |                                       |             |                         |              |      |             |                   |         |                |                                         | \$                          |                                       |
|                                                                       |                                                                                     |                                       |             |                         |              |      |             |                   |         |                |                                         | \$                          |                                       |
|                                                                       |                                                                                     |                                       |             |                         |              |      |             |                   |         |                |                                         | \$                          |                                       |
|                                                                       |                                                                                     |                                       |             |                         |              |      |             |                   |         |                |                                         | \$                          |                                       |
|                                                                       |                                                                                     |                                       |             |                         |              |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                     |                                       |             |                         |              |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                     |                                       |             |                         |              |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                     |                                       |             |                         |              |      |             |                   |         |                |                                         |                             |                                       |
|                                                                       |                                                                                     |                                       |             |                         |              |      |             |                   |         |                |                                         |                             |                                       |
| TOTAL EXPENDITURES THIS PAGE                                          |                                                                                     |                                       |             |                         |              |      |             |                   |         |                |                                         | \$                          | 0                                     |
| Weekly Report for week ending October 2,, 2020                        |                                                                                     |                                       |             |                         |              |      |             |                   |         |                |                                         |                             |                                       |

FORM REVISED 9.2.2011

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Shelby Cnty Judge of Probate, AL  
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# FORM 6: Expenditures On Line of Credit by candidate or elected official

**NAME OF CANDIDATE OR ELECTED OFFICIAL:** David F Mitchell (Week ending October 2, 2020)

**When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.**

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |              |      |             |         |                |          |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|--------------|------|-------------|---------|----------------|----------|---------------------------------------|-----------------------------------------|-----------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Contribution | Food | Fundraising | Lodging | Transportation | Interest | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       |                                         |                             |
| TOTAL EXPENDITURES THIS PAGE                                          |                                                                                 |                                       |             |                         |              |      |             |         |                |          |                                       | \$ 0.00                                 |                             |



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