### ficial Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or E	lected Official			Political Party/Ballot Affiliation
Samuel Sligh	Swiney			
Office Sought or Held (i	nclude district or circ	uit number,	if applicable)	
Hoover City (	Council Pla	ce 2		•
Address Check bo		dress		
City		State	ZIP Code	Telephone Number
Hoover	AL	<del></del>	35226	
				•

RECEIVED IN OFFICE
PROBATE COURT

SEP 25 2020

Type of Report (check of	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.	9/18/2020
Total Number of Pages in Report	3

					•
S	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	\$1,935.49
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$350.00		
2b	Non-itemized cash contributions	2b			
2c	Total cash contributions (add lines 2a and 2b)			2c	\$350.00
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	· · · · · · · · · · · · · · · · · · ·	Col	unty Division Code: AL040
3b	Non-itemized in-kind contributions	3b		Inst	t. # 2020108278 Pages: 1 of 3 ertify this instrument filed on
3с	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00	9/25	5/2020 10:41 AM Doc: ELCAPR Ige of Probate
	Receipts from Other Sources				ferson County, AL.
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		Cle	erk: SMITHMO
4b	Non-itemized Receipts from Other Sources	4b			
4c	Total receipts from other sources (add lines 4a and 4b)			4c	\$0.00
	Expenditures	1			
5a	Itemized expenditures (total from Form 5)	5a	\$815.00	-	
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)	· · · · · · · · · · · · · · · · · · ·		5c	\$815.00
	Expenditures on Line of Credit			<b>!</b>	
6a	Itemized expenditures (total from Form 6)	6a			
6b	Non-itemized expenditures	6b	÷		
6с	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			7	\$1,470.49

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 of Elected Official

Sworn to and subscribed	d before	me this _	62 July	day of	
Sept. of the ye	ar <u>20</u>	520	_My commi	ssion exp	ires
f 11	. 🛦	_	he year 2	·	
Thomas	n	1.6	2 L		
Signature of Notary Public					
Thomas	W.	Para	tima		
Print Notary's Name			المعادية المالية	شعاعية	

# ABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPO 꼭 FOR CANDIDATE & ELECTED OFFICIA

### Contributions received ĥд candidate 9 elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Samuel Sligh Swiney

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemi **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

\$350.00	PAGE	SIHT S	NOI	BUT	TOTAL CASH CONTRIBU	FORM REVISED 10.27.2011
20201009 Shelby (						
00045975 inty Judg						
2/3 \$. e of Pro						
bate,						
AL CERT						
\$250.00	9/18/2020			5		
\$100.00	9/17/2020			-	7 John Hawkins Parkway Hoover at sead	Chris Dorris
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other Returned	PAC	Corporation Individual	P.O. BOX, CITY, STATE, AND ZIP)  sines  Busines	Ì
		NE)	SOURCE ONTRIBUTI HECK ONE)	OF CC	ADDRESS	CONTRIBUTOR



## ALABAMA FAIR CAMPAIGN PRAC TICES **AMPAIGN** FINANCE REPOR' NDID H

## Expendit DS S fig 0 fficial

NAME OF CANDIDATE OR ELECTED OFFICIAL: Samuel Sligh Swiney



Starnes PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) Media When total expenditures 1833 ; 35209 N Q th  $\boldsymbol{\sigma}$ single Ave  $\Omega$ recipient Homewood, exceed AL\$100.00, Administrative the Advertising **FCPA** Consultants/ Polling Charitable Contribution PURPOSE OF EXPENDITURE (CHECK ONE) requires Food Fundraising <u>a</u> Loan Repayment expenditures Lodging Transportation ð THER that recipient 9 (mo./day/yr. DAT be  $\boldsymbol{\omega}$ **BUTUR** M itemized. N 02 0 EXPENDITURE AMOUNT Shelby Cnty Judge of Probate, AL 10/09/2020 02:12:24 PM FILED/CERT 00

FORM REVISED 10.27.2011

OTAL

EXPENDIT

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\$81

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