MONTHLY & WEEKL Shelby Cnty Judge of Probate, AL 10/09/2020 02:12:26 PM FILED/CERT

PROBATE COURT

County Division Code: AL040 Inst. # 2020107914 Pages: 1 of 6 I certify this instrument filed on 9/24/2020 3:01 PM Doc: ELCAPRE Judge of Probate Jefferson County, AL.

Clerk: CRONANL

Campaign Finance Report E.O.D. JAMES P. NAFTEL, II SUMMARY FORM 1

Please Print in Ink or Type. Name of Candidate or Elected Official Political Party/Ballot Affiliation Office Sought or Held (include district or circuit number, if applicable) Check box if reporting new address Address 036 City State Telephone Number ZIP Code

Type of Report (check o	one)
Monthly	Amended Monthly
Weekly	Amended Weekly
For Wonthly Reports Wonth 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	

1						-		
S	ummary of activity since last filed report					2 4 2 k		ं क्या स
1	Beginning balance (ending balance from previous filing)		<u></u>	·	1			7.666
	Cash Contributions	7			<u> </u>			
2a	Itemized cash contributions (total from Form 2)	2a						•
2b	Non-itemized cash contributions	2b				•		•
2c	Total cash contributions (add lines 2a and 2b)				2c	<u> </u>		\$0.00
	In-Kind Contributions	1		L			- - <u> </u>	
3a	Itemized in-kind contributions (total from Form 3)	За						
3b	Non-itemized in-kind contributions	3b					•	•
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$	0.00				
	Receipts from Other Sources							-
4a	Itemized Receipts from Other Sources (total from Form 4)	4a						
4b	Non-itemized Receipts from Other Sources	4b						
4c	Total receipts from other sources (add lines 4a and 4b)				4c		<u> </u>	\$0.00
	Expenditures	1		<u>[_</u>	<u> </u>			· ************************************
5a	Itemized expenditures (total from Form 5)	5a	<u> </u>			,		•
5b	Non-itemized expenditures	5b						
5c	Total expenditures (add lines 5a and 5b)	 			5c			\$0.00
	Expenditures on Line of Credit			i_		<u>.</u>		
6a	Itemized expenditures (total from Form 6)	6a						
6b	Non-itemized expenditures	6b			•		4	•
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		16110	7 6 6

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

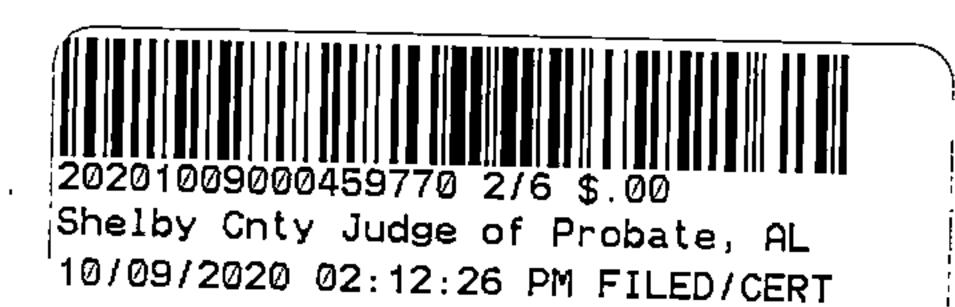
Dáte

Sworn to and subscribed before me	this 1842 day of
of the year QOS	
the 284 day of Seist	of the year Otto
Signature of Notary Public	
Jena Edric Ste	
Print Notary's Name	STS BIRD " " STS "

FORW REVISED 10.29.99

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

CONTRIBUTOR (INCLUDE FULL NAME)		•		OI	F CO	OURO NTRIE ECK C	3υπι	ON		AMOUNT		
		(ADDRE STREET OR P.O		Business or Corporation		PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	CONTRIBUTION		
		-	•									
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		.			•							·
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FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL:	wed Will	<u>ec</u>		PAGE	OF L
	-				
The FCPA requires that those contributions greater	than \$100 be itemized.	OO NOT LIST cash or loa	ans on this form. Use Forms	2 and 4 for the	hose listing

CONTRIBUTOR	ADDRESS		NAT	URE (ONT KON		TION		•	SOU				
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)			Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
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FORM REVISED 10.29.99						IND								S PAGE	\$0.00



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ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM REVISED 10.29.99

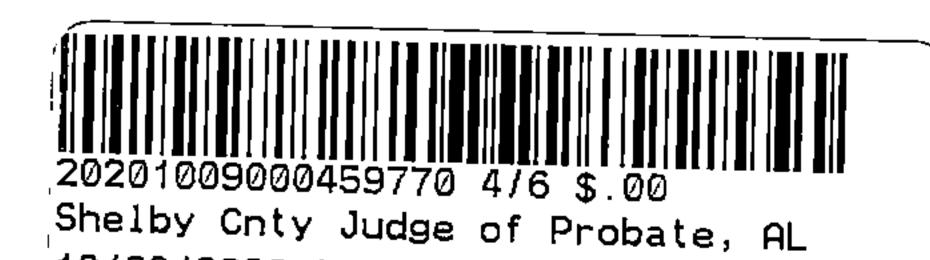
FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

TOTAL RECEIPTS THIS PAGE

\$0.00

NAME OF CANDIDATE / ELECTED				10							PAGE _	OF C
					NOT LIST cash or in-kind contributions	on th	nis fo	rm.	Use	For	ns 2 and 3 fo	r those listings
SOURCE OF RECEIPT	ADDRESS		FORI		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R	ECEI (CH		OUR ONE)		DATE	ABBOLINIT
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
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ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM REVISED 10.29.99

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

TOTAL RECEIPTS THIS PAGE

\$0.00

NAME OF CANDIDATE / ELECTED	Official:	A) 8			Miller					 -	PAGE	OF			
The FCPA requires that those co	ne FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.														
SOURCE OF RECEIPT	ADDRESS	1	FORI RECI		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R			OUR(ONE)	CE	DATE				
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT			
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 6: Expenditures On Line of Credit by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL:



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

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PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)			Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
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FORM REVISED 5.19.2017			1								URES THIS P		\$ 0.00

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