Name of Candidate or Elected Official

Samuel Sligh Swiney

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official ATE COURT Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

County Division Code: AL040 Inst. # 2020114570 Pages: 1 of 1 certify this Instrument filed on 10/8/2020 12:12 PM Doc: ELCAPRE Judge of Probate Jefferson County, AL.

Amended Monthly

Amended Weekly

Clerk: SSTEPHENS

JAMES P. NAFTEL, II Judge of Probate of Report (check one)

Monthly

For Monthly Reports

Month for which the

Weekly

| Office Sought or Held (include district or circuit number, if applicable) | | | | report is filed. | | |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|--|---|
| Hoover City Council Place 2 | | | | For Weekly Rep | | |
| Address Check box if reporting new address 512 Cloudland Dr | | | | Date of Friday in week for which the | | 10/2/2020 |
| Out - 7ID Code Tolochone Mun | | umber | | report is filed. | e | |
| City Hoo | | 529-6 | 497 | Total Number of Pages in Report | | 1 |
| | / V C 1 | | | | | |
| Sı | ummary of activity since last filed report | | | | | |
| 1 | Beginning balance (ending balance from previous filing) | | • | · ·. | 1 | \$1,470.49 |
| | Cash Contributions | | • | · · · | ************************************** | |
| 2a | Itemized cash contributions (total from Form 2) | 2a | | | - | |
| 2b | Non-itemized cash contributions | 2b | | · | | · · · · · · · · · · · · · · · · · · · |
| 2c | Total cash contributions (add lines 2a and 2b) |): : | - 7 | | 2c | \$0.00 |
| | In-Kind Contributions | | • • • • • • | | | |
| 3a | Itemized in-kind contributions (total from Form 3) | 3a | | | | 110 1/1 \$.00 |
| | Non-itemized in-kind contributions | 3b | | | | dge of Probate, AL 29:27 PM FILED/CERT |
| | Total in-kind contributions (add lines 3a and 3b) | 3с | | \$0.00 | | |
| - | Receipts from Other Sources | · | · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | |
| [| Itemized Receipts from Other Sources (total from Form 4 | 1) 4a | | | | |
| | Non-itemized Receipts from Other Sources | 4b | | | · | |
| 4c | Total receipts from other sources (add lines 4a and 4b) | | | | 4c | \$0.00 |
| | Expenditures | : | - · | <u> </u> | | |
| 5a | Itemized expenditures (total from Form 5) | 5a | | | • | |
| 5b | Non-itemized expenditures | 5b | | | · | · |
| 5c | Total expenditures (add lines 5a and 5b) | | •- | · | 5c | \$0.00 |
| | Expenditures on Line of Credit | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | l. | |
| 6a | Itemized expenditures (total from Form 6) | 6a | | | | |
| 6b | Non-itemized expenditures | 6b | | | : | |
| 6c | Total expenditures on credit (add lines 6a and 6b) | 6c | | \$0.00 | | · · · · · · · · · · · · · · · · · · · |
| 7 | Ending balance (add lines 1, 2c, & 4c, then subtract line 5 | ic) | | | 7 | \$1,470.49 |
| <u></u> | | | | | | ath |
| ASI | rr - 1 th - to - t - f les and advanced balief that tha | | \sim | ribed before me | | day of |
| atta | sched report(s) and the information contained herein are | CTOBE | of th | e year <u>20/</u> | <u>0</u> | . My commission expires |
| 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. | | | | | | |
| A SUMMENT OF THE SUMENT OF THE SUMMENT OF THE SUMENT OF THE SUMMENT OF THE SUMENT OF THE SUM | | | | | | |
| Signature of Notary Public Signature of Notary Public Data Signature of Notary Public VENICE JUNE RICHARDSON | | | | | | |
| Sig | nature of Candidate or Elected Official Date | 1-11\ | 11(t) (1) | the RICHARD | Notan | Public, Alabama State At Large |
| FOF | RM REVISED 06.06.2017 | mnt ivotal | ry's Name | • | My (| Commission Expires 2/4/2024 |

Political Party/Ballot Affiliation