

ANNUAL



**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

County Division Code: AL040  
Inst. # 2020110976 Pages: 1 of 4  
I certify this instrument filed on  
10/1/2020 10:31 AM Doc: ELANN  
Judge of Probate  
Jefferson County, AL.

Clerk: LYNN

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Alli Nations</b>	Political Party/Ballot Judge of Probate <b>E.O.D.</b>	Calendar Year covered by this report. <b>2020</b>
Office Sought or Held (Include district or circuit number, if applicable) <b>Hoover City Council Place 7</b>		<input type="checkbox"/> Amended Annual Report <input checked="" type="checkbox"/> Termination Report
Address <input type="checkbox"/> Check box if reporting new address <b>432 Park Ave.</b>		
City <b>Hoover</b>	State <b>AL</b>	ZIP Code <b>35226</b>
Telephone Number <b>[REDACTED]</b>		Total Pages in Report Include this page in your count. <b>3</b>

## SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)	1	\$0.00
<b>Cash Contributions</b>			
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	\$0.00
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	
3b	Non-itemized in-kind contributions	3b	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00
<b>Receipts from Other Sources</b>			
4a	Total itemized receipts from other sources (total from Form 4)	4a	\$2,000.00
4b	Total non-itemized receipts from other sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$2,000.00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	\$2,000.00
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	\$2,000.00
<b>Expenditures on Line of Credit</b>			
6a	Itemized expenditures on line of credit (total from Form 6)	6a	
6b	Non-itemized expenditures	6b	
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c	\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	\$0.00

20201103000498150 1/4 \$0.00  
Shelby Cnty Judge of Probate, AL  
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## SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

8	Beginning balance (as of January 1 of reporting year)	8	\$0.00
9	Total cash contributions for year	9	
10	Total in-kind contributions for year	10	
11	Total receipts from other sources for year	11	\$2,000.00
12	Total expenditures for year	12	\$2,000.00
13	Total expenditures on line of credit for year	13	
14	Ending balance (add lines 8, 9, & 11, then subtract line 12)	14	\$0.00
15	Total campaign debt (total debt owed as of December 31)	15	

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.

Sworn to and subscribed before me this 31st day of August of the year 2020. My commission expires the 21st day of Feb of the year 2023.

Alli Nations  
Signature of Candidate or Elected Official

Date

Aug. 31, 2020

Signature of Notary Public

Amanda R. Zimmerman  
Print Notary's Name

FORM REVISED 5.24.2017





# FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: Alli Nations

PAGE \_\_\_\_ OF \_\_\_\_

The FCPA requires that expenditures over \$100 be itemized.

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# FORM 5: EXPENDITURES


BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: Alli Nations

PAGE 3 OF 3

The FCPA requires that expenditures over \$100 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)								DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging			Transportation
City of Hoover	100 Municipal Lane Hoover AL 35226	<input checked="" type="checkbox"/>									7/16/2020	\$50.00
Lauren Wade - Graphic Design	2225 Hawksbury Ln, Hoover AL 35226		<input checked="" type="checkbox"/>								7/30/2020	\$100.00
Alabama Graphics	2801 5th Ave South, Birmingham AL 35233		<input checked="" type="checkbox"/>								7/31/2020	\$1,196.25
Alli Nations	432 Park Ave Hoover AL 35226						<input checked="" type="checkbox"/>				8/28/2020	\$653.75
											TOTAL EXPENDITURES THIS PAGE	\$2,000.00



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