



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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Shelby Cnty Judge of Probate, AL  
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Please Print in Ink or Type.

|                                                                                                                 |                    |                                    |                                       |
|-----------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------|---------------------------------------|
| Name of Candidate or Elected Official<br><b>BECKY BEALL</b>                                                     |                    | Political Party/Ballot Affiliation |                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>Pelham City Council Place 4</b> |                    |                                    |                                       |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>P.O. Box 485</b>                      |                    |                                    |                                       |
| City<br><b>Pelham</b>                                                                                           | State<br><b>AL</b> | ZIP Code<br><b>35124</b>           | Telephone Number<br><b>[REDACTED]</b> |

Type of Report (check one)

☐ Monthly☐ Amended Monthly☒ Weekly☐ Amended WeeklyFor 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



## Summary of activity since last filed report

|                                       |                                                               |    |                 |
|---------------------------------------|---------------------------------------------------------------|----|-----------------|
| 1                                     | Beginning balance (ending balance from previous filing)       | 1  | <b>804.12</b>   |
| <b>Cash Contributions</b>             |                                                               |    |                 |
| 2a                                    | Itemized cash contributions (total from Form 2)               | 2a | <b>—</b>        |
| 2b                                    | Non-itemized cash contributions                               | 2b | <b>—</b>        |
| 2c                                    | Total cash contributions (add lines 2a and 2b)                | 2c | <b>— \$0.00</b> |
| <b>In-Kind Contributions</b>          |                                                               |    |                 |
| 3a                                    | Itemized in-kind contributions (total from Form 3)            | 3a | <b>—</b>        |
| 3b                                    | Non-itemized in-kind contributions                            | 3b | <b>—</b>        |
| 3c                                    | Total in-kind contributions (add lines 3a and 3b)             | 3c | <b>— \$0.00</b> |
| <b>Receipts from Other Sources</b>    |                                                               |    |                 |
| 4a                                    | Itemized Receipts from Other Sources (total from Form 4)      | 4a | <b>—</b>        |
| 4b                                    | Non-itemized Receipts from Other Sources                      | 4b | <b>—</b>        |
| 4c                                    | Total receipts from other sources (add lines 4a and 4b)       | 4c | <b>— \$0.00</b> |
| <b>Expenditures</b>                   |                                                               |    |                 |
| 5a                                    | Itemized expenditures (total from Form 5)                     | 5a | <b>—</b>        |
| 5b                                    | Non-itemized expenditures                                     | 5b | <b>—</b>        |
| 5c                                    | Total expenditures (add lines 5a and 5b)                      | 5c | <b>— \$0.00</b> |
| <b>Expenditures on Line of Credit</b> |                                                               |    |                 |
| 6a                                    | Itemized expenditures (total from Form 6)                     | 6a | <b>—</b>        |
| 6b                                    | Non-itemized expenditures                                     | 6b | <b>—</b>        |
| 6c                                    | Total expenditures on credit (add lines 6a and 6b)            | 6c | <b>— \$0.00</b> |
| 7                                     | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 7  | <b>804.12</b>   |

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 21<sup>st</sup> day of December of the year 2020. My commission expires the 9<sup>th</sup> day of Feb of the year 2021.

Signature of Candidate or Elected Official

Date

Signature of Notary Public

Print Notary's Name

**VICKI MARTINA**  
Notary Public, Alabama State At Large  
My Commission Expires 2/9/2021