Signature of Candidate of Elected Official

FORM REVISED 06.06.2017

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

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

20210104000003840 1/3 \$.00 Shelby Cnty Judge of Probate, AL 01/04/2021 03:56:33 PM FILED/CERT
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Type of Report (check one)

	Please Print in Ink or Type.					Mon	thly	Am	ended Mo	nthly
Nar	ne of Candidate or Elected Official Party/	Ballot	Affiliat	ion	•	Wee	kly	Am	ended We	ekly
	Decky Deal				For Mo Month f	_	•			
Offi	ce Sought or Held (include district or circuit number, if applicable)		. 1		report is			<u> </u>		
Adr	Iress Check box if reporting new address				For We Date of	-	•	1	1	
, ,,,,	P.O. BOX 485				week fo	r which		-	1-0	1
City				j	report is Total N		of	<u> </u>		
	Pelham AL 3504 205-	19	4-5	984	Pages	in Repo	rt		<u> </u>	
S	ummary of activity since last filed report					•	- -		-	
1	Beginning balance (ending balance from previous filing)						1	45	nu. 1	2
-	Cash Contributions			•	·	- · · · · · · · · · · · · · · · · · · ·				
2a	Itemized cash contributions (total from Form 2)	2a			<u>.</u>	-			+73 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
2b	Non-itemized cash contributions	2b			100	(X),		L	+ oo	00
2c	Total cash contributions (add lines 2a and 2b)			- -	.~	·_ 	2c			
	In-Kind Contributions									
3a	Itemized in-kind contributions (total from Form 3)	3a			·	<u> </u>		·		
3b	Non-itemized in-kind contributions	3b	_			·				
3c	Total in-kind contributions (add lines 3a and 3b)	3c				\$0.00	<u>'</u>			
	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			\$0.00
	Expenditures					N	· · · · · · · · · · · · · · · · · · ·			
5a	Itemized expenditures (total from Form 5)	5a]	120	34.	12			Francisco de La Carte de La Ca	
5b	Non-itemized expenditures	5b		· 				· · · · · · · · · · · · · · · · · · ·		
5c	Total expenditures (add lines 5a and 5b)						5c	18	204.	\$ 1.00
	Expenditures on Line of Credit			·			•			
6a	Itemized expenditures (total from Form 6)	6a		-1-2						
6b	Non-itemized expenditures	6b								
6c	Total expenditures on credit (add lines 6a and 6b)	6c				1	·	· · · · · · · · · · · · · · · · · · ·		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)						7			\$0.00
swe atta rue	ar or attirm to the pest of my knowledge and belief that the	an	<u></u>	subscrib _ of the y _ day of	year <u> </u>	202	<u></u>	. My com	_	xpires
	mation during the applicable pariod of time	ic	•	- Naut					TOALL.	

Signature of Notary Public

Print Notary's Name

Notary Public, Alabama State At Large

My Commission Expires 2/9/2021

ABAMA FAIR CAMPAIGN PRAC CES CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

下のアス 4 Receipts S loa interest, and other sources Of O ncome

NAME OF CANDIDATE OR ELECTED When total contributions from a single source OFFICIAL: exceed \$100.00 the CPA requires all contributions from that source to be itemiz èd.

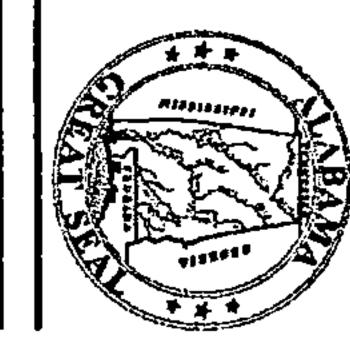
FORM REVISED SOURCE OF RECEIPT (INCLUDE FULL NAME) 10.27.2011 ADDRESS

(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or in-kind contributions on this form. Interest FORM Loan Other FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLET П **GUARANTORS** THIS Use HIS BLOCK IF RECEIPT IS A LOAN Forms TOTAL and 3 for those RECEIPTS Lending listings. Institution RECEIPT SOURCE (CHECK ONE) PAC THIS Individual **Business** PAGE Other RECEIVED (mo./dav/~~ 2 B RECEIPT \$ 유 100.00 20210104000003840 2/3 \$.00 Shelby Cnty Judge of Probate, AL 01/04/2021 03:56:33 PM FILED/CERT

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORZ 5: Expenditures by candidate 9 elected

NAME OF CANDIDATE OR ELECTED OFFICIAL: official



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

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1204,03	12,31,20			<u></u>						P.O.BUX 486 PEINOMAL BERY	Self
AMOUNT OF EXPENDITURE	EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Fundraising	Contribution Food	Polling Charitable Contribution	Advertising Consultants/	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		JRE	XPENDITURE ONE)	市CK O	OSE (CF	PURP					