City

Helena

Name of Candidate or Elected Official

148 Appleford Road

Christopher R VanCleave

Helena City Council Place 2

Office Sought or Held (include district or circuit number, if applicable)



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

State

ZIP Code

35080

THIS AREA FOR OFFICIAL USE ONLY



Shelby Cnty Judge of Probate, AL 01/29/2021 09:54:25 AM FILED/CERT

	Type of Report (check one)	
	Monthly	Amended Monthly
Political Party/Ballot Affiliation	Weekly	Amended Weekly
Republican	For Monthly Reports Month for which the report is filed.	September 2020
+ Telephone Number	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 Beginning balance (ending balance from previous filing) \$392.82 **Cash Contributions** Itemized cash contributions (total from Form 2) **2a** \$0.00 Non-itemized cash contributions \$0.00 Total cash contributions (add lines 2a and 2b) \$0.00 **In-Kind Contributions** Itemized in-kind contributions (total from Form 3) |3a Non-itemized in-kind contributions 3b Total in-kind contributions (add lines 3a and 3b) 3c \$0.00 **Receipts from Other Sources** Itemized Receipts from Other Sources (total from Form 4) 4a Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) \$0.00 **Expenditures** 5a Itemized expenditures (total from Form 5) 5a \$150.00 Non-itemized expenditures Total expenditures (add lines 5a and 5b) \$150.00 **Expenditures on Line of Credit** Itemized expenditures (total from Form 6) 6a Non-itemized expenditures 6b 6c Total expenditures on credit (add lines 6a and 6b) \$0.00 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) \$242.82

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

Date

Sworn to and subscribed before me this of the year Signature of Notary Public. Print Notary's Name

OFFICIA ELECT ø ш FOR CAMPAIGN FI AMPAIGN PRACTICES ACT FAIR

official ected ē 5 Expenditures by candidate

NAME OF CANDIDATE OR ELECTED OFFICIAL: Christopher R VanClea



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2

expenditures

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requires

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total expenditures to a single recipient exceed \$100.00

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EXPENDITURE 0 00 50 \$150 AMOUN \$1 EXPENDITURE /2020 (mo./day/yr.) PAGE 8 GIVE BRIEF EXPLANATION THIS 五 元 元 E S URE CHECK ONE) ENDIT Transportation Lodging EXP Repayment Loan Fundraising PURPOS TOTA Food Charitable Contribution Polling Consultants/ gnisih9vbA Administrative ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) x 2080 AL 36702 Box PO Bos Selma PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) 10.27.2011 County FORM REVISED 1 Newspapers Shelby 202101290000049470 Shelby Cnty Judge of Probate, AL 01/29/2021 09:54:25 AM FILED/CERT