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

Please Print in Ink or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation Monthly Amended Monthly Weekly Amended Weekly Office Sought or Held (include district or circuit number, if applicable) For Monthly Reports Month in which the Check box if reporting new address report is filed. For Weekly Reports Date of Friday in the Telephone Number City week in which the report is filed. Total Number of Pages in Report Summary of activity since last filed report 4688.60 Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) **2a** 2b Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) In-Kind Contributions 3a Itemized in-kind contributions (total from Form 3) Non-itemized in-kind contributions 3c Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) |4a| 4b Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) Expenditures 5a Itemized expenditures (total from Form 5) 5b Non-itemized expenditures Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) Candidates for State Office: File this report with the Office of the Secretary of State. Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought. As required by the Alabama Fair Campaign Practices Act, I hereby Sworn to and subscribed before me this swear or affirm to the best of my knowledge and belief that the OHOMb the year\_ . My commission expires attached report(s) and the information contained herein are true and correct and that this information is a full and complete of the year \_\_\_\_ statement of all contributions; expenditures, and other required information during the applicable period of time. Sighteture of Notary Public Signature of Candidate or Elected Official Date Print Notary's Name **FORM REVISED 10.27.2011** 

## ALABAMA FAIR CAMPAIGN PRACTICES ACT CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

## FORM 3: In-Kind Contri Pu tions received fq candidate 9 elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceed \$100.00, the FCPA requires DO NOT LIST cash or loans on this form. Use Forms 2 -CPA requires all contributions from that source to be itemized Use Forms 2 and 4 for those listings.

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CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Equipment	Consultants/ Polling	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
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PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR POLITICAL ACTION COMMITTEE

Expenditures by political action committee



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

EXPENDITURES THIS PAGE	16000130990				Pestige 8/20/20 22	Loan Repayment Loan Repayment Loan Repayment Loan Repayment Loan Repayment Loan Sportation  GIVE BRIEF BRIEF EXPLANATION  EXPENDITURE (mo./day/yr.) EXPE	ECK ONE)
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FORM REVISED 9.2.2011					25 b S	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	