

FAIR CAMPAIGN PRACTICES ACT

## FAIR CAMPAIGN PRACTICES A STATE OF ALABAMA Candidate & Elect Campaign Finance SUMMARY FORM 1 Candidate & Elected Official Campaign Finance Report

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040 Inst. # 2021063240 Pages: 1 of 5 I certify this instrument filed on 6/1/2021 3:31 PM Doc: ELCAPRE Judge of Probate Jefferson County, AL.

COMM. EXP. 08-26-2024

Clerk: PEEPLESC

Piease Print in ink or Type.	-				
	al Party/Ballot Affiliation	Type of Report (check			
Chris Woods	NA	Monthly	Amended Monthly		
Office Sought or Held (include district or circuit number, if applicable)		Weekly	Amended Weekly		
Address Check box if reporting new address	,	For Monthly Reports Month in which the report is filed.	MAY 2021		
T.O. BOX 2471		For Weekly Reports			
City State ZIP Code Teleph	one Number	Date of Friday in the week in which the			
Birmingham, AL 35201 20	3-765-1124	report is filed.			
	(.,	Total Number of Pages in Report	5		
Summary of activity since last filed report					
1 Beginning balance (ending balance from previous fili	ng)	1	16.067.38		
Cash Contributions					
2a Itemized cash contributions (total from Form 2)	2a 748				
2b Non-itemized cash contributions	2b				
2c Total cash contributions (add lines 2a and 2b)		2c	7.4RS.		
In-Kind Contributions					
3a Itemized in-kind contributions (total from Foreta) (10)	Ba				
3b Non-itemized in-kind contributions Tallari a same	Bb				
3c Total in-kind contributions (add lines (Band But))	BC	2021	0611000286720 1/5 \$.00		
Receipts from Other Sources		Shel 06/1	by Cnty Judge of Probate, 1 1/2021 11:58:46 AM FILED/C		
4a Itemized Receipts from Other Southes House	m 4) (a) 10, 226	65			
4b Non-itemized Receipts from Other Sources	4b				
4c Total receipts from other sources (add lines 4a and 4	b)	4c	10, Z26.65		
Expenditures			The second secon		
5a Itemized expenditures (total from Form 5)	5a 16,952	2.65			
5b Non-itemized expenditures	5b				
5c Total expenditures (add lines 5a and 5b)		5c /	6857 65		
6 Ending balance (add lines 1, 2c, & 4c, then subtract line	<b>5c)</b>	6 7	6, 55Z, ES 6, 826 36		
Candidates for State Office: File this report with the Office of the	ne Secretary of State				
Candidates for County or Municipal Office: File this report wi	-		ch the office is sought.		
	Swom to and subscrib		day of		
swear or affirm to the best of my knowledge and belief that the	June of the	9 ( ) <b>9</b> (	/ly commission expires		
attached report(s) and the information contained herein are true and correct and that this information is a full and complete		Least of the			
statement of all contributions, expenditures, and other required in the information during the applicable period of time.	A A	THE YEAR I OF THE	year <u>occorr</u> .		
	Add one o	Dulk.	ماممند		
Signature of Candidate or Elected Official Date	Signature of Notary Public		ADRIENNE RUFFIN		
	LAdrionn.		NOTARY PUBLIC STATE OF ALABAMA		

Print Notary's Name



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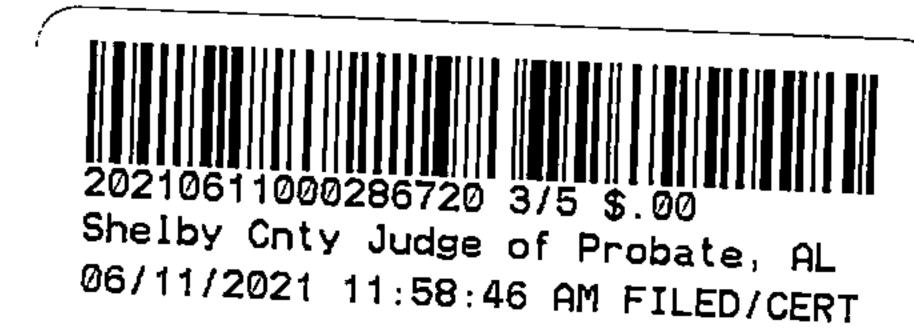
ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

## FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Chris Wood G FOR MAJOR

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

CONTRIBUTOR (INCLUDE FULL NAME)  STREET	ADDRESS	SOURCE OF CONTRIBUTION (CHECK ONE)						
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	ndividúal	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
Joyce E. Woods					Ŭ		5/21/21	500.
tephanie Muhumand	7201 AAVON Aronov Beiver 35064							125.
Feed ALTON	3224 CAMADA Helghts RA		1					1,000.
NAPOLEON GONZALEZ.	35243		7				5/24/21	3.
ourthey Woods			1		+		5/14/21	3
Thristopher TRAYS				7	-	-	5/27/21	5,000.
Aul Gadne R	1100 Heritage WAY 35211						5/31/21	
					+			
FORM REVISED 10.27.2011	TOTAL CASH COM	VTRIB	UT		IS 1	H	S PAGE	7,485

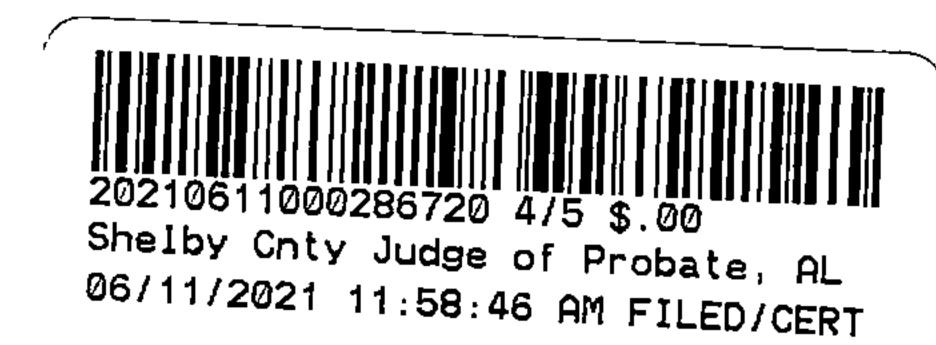


ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

## FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: CIT'S WORDS FIR MINDR
When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

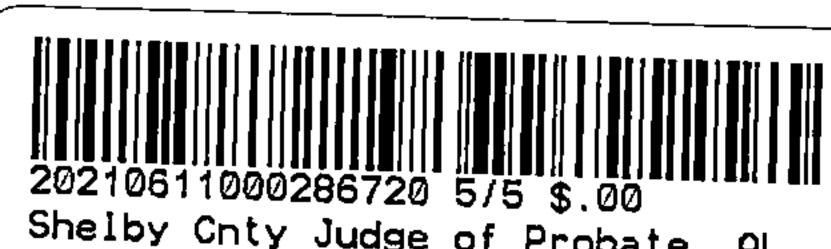
DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE **AMOUNT** Transportation
Other
Corporation
Individual
PAC
Other (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011



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

FORM 4: Receipts from Other Sources loans, Interest, and other sources of Income NAME OF CANDIDATE OR ELECTED OFFICIAL: CHYLLS WOODS FOR MANDE

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) SOURCE OF RECEIPT **ADDRESS** DATE **AMOUNT** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE GUARANTORS RECEIVED OF STREET OR P.O. BOX, Lending Institution PAC Individual Business Other (mo./day/yr.) RECEIPT IFCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Officer PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] Bence Pettway 5/28/215,226.65 3805 5th Ave 50. 10,226.65 TOTAL RECEIPTS THIS PAGE FORM REVISED 10,27,2011



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

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: CAYIS WOODS FOR MANDR



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) **AMOUNT ADDRESS** PERSON/GROUP/BUSINESS DATE OF OTHER (ADDRESS SHOULD INCLUDE OF EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **EXPENDITURE** GIVE (mo./day/yr.) (INCLUDE FULL NAME) BRIEF **EXPLANATION** 5/12/21 3606 Access MAIL 35209 5/28/21 202 STONERIAGE Checano 35 UO 2308 Girle DL. 35214 1608 Bushfield LANE 15/28/21 600. Men 650. 500. Bham Port-p Rcc. Floc 5/29/21 CONCER TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011 EllA Cockell 350. 450. CLARESSE Hordy 1000 Connie Parker 170, DAVIGIAHEN, JR. 350. Will gy Han 450. 2020 54 Ave No. 3520k David Minniefield 3000 Morde-CAA DRAPPER