FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

SUMMARY FORM 1

FILED IN OFFICE PROBATE COURT

JUN 2 6 RECT

Candidate & Elected Afficial Campaign Finance Report

Please Print in Ink or Type. Political Party/Ballot Affiliation Name of Candidate or Elected Official williams

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040 Inst. # 2021074153 Pages: 1 of 1 I certify this instrument filed on 6/28/2021 11:23 AM Doc: ELCAPRE Judge of Probate Jefferson County, AL.

Amended Monthly

Amended Weekly

Clerk: NICOLE

Type of Report (check one)

Weekly

Monthly

For Monthly Reports

Office Address	e Sought or Held (include district or circuit number, if applicable) 14 COUNTED OF CENTIED POINT ess Check box if reporting new address 49 IEFH AVE N State ZIP Code Telephone Num ENTEDONT AL 352/5 Immary of activity since last filed report	nber		Month for which report is filed. For Weekly Re Date of Friday is week for which report is filed. Total Number of Pages in Report is filed.	ports in the the	2020 AGG/4
	Beginning balance (ending balance from previous filing)				1	
}	Cash Contributions		* :			
2a	Itemized cash contributions (total from Form 2)	2a				
	Non-itemized cash contributions	2b				
	Total cash contributions (add lines 2a and 2b)				2c	\$0.00
┝╼╼╌╌┸╌	n-Kind Contributions					
3a	Itemized in-kind contributions (total from Form 3)	3a				
3b	Non-itemized in-kind contributions	3b				
3c	Total in-kind contributions (add lines 3a and 3b)-	3с		\$0.00		
	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
E	Expenditures					
5a	Itemized expenditures (total from Form 5)	5a				
5b	Non-itemized expenditures	5b				
5c	Total expenditures (add lines 5a and 5b)		- · ·		5c	\$0.00
]	Expenditures on Line of Credit			· ·	·	
6a	Itemized expenditures (total from Form 6)	6a				
6b	Non-itemized expenditures	6b				
6c	Total expenditures on credit (add lines 6a and 6b)	6c		\$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		4		7	\$0.00
swea attac true a state	thed report(s) and the information contained herein are and correct and that this information is a full and complete ment of all contributions, expenditures, and other required mation during the applicable period of time.	In J	of the	of MARC		day of . My commission expires the year 2024.

Print Notary's Name