



Candidate & Elected Official Campaign Finance SUMMARY FORM 1

RECEIVED IN OFFICE
PROBATE COURT

AUG 02 2021

JAMES P. NAFTEL
Judge of Probate
E.O.D.

THIS AREA FOR OFFICIAL USE ONLY

County Division Code: AL040

Inst. # 2021088711 Pages: 1 of 6

I certify this instrument filed on

8/2/2021 11:27 AM Doc: ELCAPRE

Judge of Probate

Jefferson County, AL.

Clerk: HENLEYT

20210810000389050 1/6 \$.00
Shelby Cnty Judge of Probate, AL
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Please Print in Ink or Type.

Report (check one)

☐ Monthly☐ Amended Monthly☒ Weekly☐ Amended WeeklyFor Monthly Reports
Month for which the
report is filed.For Weekly Reports
Date of Friday in the
week for which the
report is filed.Total Number of
Pages in Report

Name of Candidate or Elected Official <u>Jamarec Collins</u>		Political Party/Ballot Affiliation <u>Independent</u>	
Office Sought or Held (include district or circuit number, if applicable) <u>Birmingham City School Board District 6</u>			
Address ☐ Check box if reporting new address <u>400 Goldwire Circle SW Apt. I</u>			
City <u>B'ham</u>	State <u>AL</u>	ZIP Code <u>35211</u>	Telephone Number <u>[REDACTED]</u>

<u>8/6/21</u>
<u>6</u>

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<u>\$1024.22</u>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<u>793.80</u>	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>\$793.80</u>	<u>\$0.00</u>
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	<u>\$791</u>	
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		<u>\$0.00</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		<u>\$0.00</u>
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		<u>\$0.00</u>
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		<u>\$0.00</u>
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<u>\$2609.02</u>	<u>\$0.00</u>

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.

Sworn to and subscribed before me this 2ND day of AUGUST of the year 2021. My commission expires the 4th day of FEBRUARY of the year 2024.

Lenice June Richardson
Signature of Notary Public

Signature of Candidate or Elected Official

Date

NAME OF CANDIDATE OR ELECTED OFFICIAL: Damaris Collins

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

FORM REVISED 10.27.2011

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jamarce Collins

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

FORM REVISED 10.27.2011



FORM 4: Receipts from Other Sources

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
TOTAL RECEIPTS THIS PAGE												\$0.00

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NAME OF CANDIDATE OR ELECTED OFFICIAL:

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
		TOTAL EXPENDITURES THIS PAGE											\$0.00

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FORM REVISED 10.27.2011



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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)									DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest		
TOTAL EXPENDITURES THIS PAGE												\$ 0.00

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FORM REVISED 5.19.2017