FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type. Name of Candidate or Elected Official Weekly Political Party/Ballot Affiliation For Monthly Reports

THIS AREA EOD OFFICIAL LINE -	 ` - ` `
County Division Code: AL040 Inst. # 2021090427 Pages: 1 of 3 I certify this instrument filed on 8/4/2021 3:39 PM Doc: ELPCANN Judge of Probate Jefferson County, AL.	
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Amended Monthly

Amended Weekly

Clerk: WORTHYV

Type of Report (check one)

	ce Sought or Held (include district or circuit number, if applicable) 30 AND (0 F ED OLATION, DISTRICT	9		report	for which is filed. eekly Re		te	oly 2	102/
	Tress Check box if reporting new address OFLUMSTH COUNT NONTH	_		Date o	f Friday i or which is filed.	in the			
City	311 MW/WAY AL 35204 Telephone No.	ımber		Total	Number in Repo			3	
					÷a				
S	ummary of activity since last filed report								
1	Beginning balance (ending balance from previous filing)		· ,		3	1	<u> </u>	OD.	00
<u> </u>	Cash Contributions		n i grafi Andrea Maria		1	. , ,			
	Itemized cash contributions (total from Form 2)	2a		980	00			, , , , , ,	, , , , , , , , , , , , , , , , , , ,
2b	Non-itemized cash contributions	2b						, , , , , , , , , , , , , , , , , , ,	
2c	Total cash contributions (add lines 2a and 2b)			· · · · · · · · · · · · · · · · · · ·		2c	119	800	1 \$9.00
	In-Kind Contributions			, ř.	t,				
3a	Itemized in-kind contributions (total from Form 3)	3a		0					
3b	Non-itemized in-kind contributions	3b		C)				
3c	Total in-kind contributions (add lines 3a and 3b)	3c		0	\$0.00				
	Receipts from Other Sources		*			,			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		0			The state of the s		
4b	Non-itemized Receipts from Other Sources	4b		0		- :		أورة والمراجعة العلمية العراجة	
4c	Total receipts from other sources (add lines 4a and 4b)				3 - 27. To	4c		(\$0.00
	Expenditures				· 电影响 · · · · · · · · · · · · · · · · · · ·			./	The state of the s
5a	Itemized expenditures (total from Form 5)	5a		0				: .	
5b	Non-itemized expenditures	5b		0					
5c	Total expenditures (add lines 5a and 5b)					5c		$\overline{\bigcirc}$	\$0.00
	Expenditures on Line of Credit								
6a	Itemized expenditures (total from Form 6)	6a						, " 5.	
6b	Non-itemized expenditures	6b			F				
6c	Total expenditures on credit (add lines 6a and 6b)	6c		0	\$0.00				*
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		-1-		7	119	8.0	2 \$0.00
swe atta true	ear or affirm to the best of my knowledge and belief that the ached report(s) and the information contained herein are and correct and that this information is a full and complete		(bscribed be of the year	efore me				ay of n expires
	tement of all contributions, expenditures, and other required the applicable period of time.						`		
1	$C = 1 \wedge 1 = 8 u _{2}$	natur	e of Notan	, , ,,,,,	202108	317000	399500 1/ Judge of	3 \$.00 Probat	e, AL
ΕΩF	L RM REVISED 06 06:2017	nt Not	ary's Nam		08/17	/2021	08:42:56	AM FILE	D/CERT

Print Notary's Name

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

FORM 2: Contributions received by candidate or elected official



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 in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) DATE AMOUNT ADDRESS CONTRIBUTOR (ADDRESS SHOULD INCLUDE OF CONTRIBUTION (INCLUDE FULL NAME) STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) DNO STING Colleer TAYLOR Down 20 Street 406 ED92WODES WA. 107/30/27 LAM Swenson Feciens Season ANUSTON 14. Anes Newson) TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 9.2.2011

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:

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

CONTRIBUTOR	ADDRESS	OF CONT	RCE RIBUTIO K ONE)	DATE	56 p		
CONTRIBUTOR (INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation Individual	Other	CONTRIBUTION RECEIVED (mo./day/yr.)	50.00 52.00 100.00 15.00 15.00		
THUNTSAULUS FUNTILLES THUNTSAULUS THUNTSAU	1000 PNOUIDED			07/12/	50.00		
Kelly Hollahm	WISHADOW LAKEDRY 55014			07/3/21	52,00		
PATUY HAMPTUM	NOT Phoulos			07/2/21	100,00		
1202 DAU15	1033.32 M 57,5002 Binhoguam 35205			7/23/2/	15,00		
Tenesa Chardien	TRONDAL, AG 35210			0 /3/21	9.00		
RNON BOSSAN	4024 Don Aller Soon 3522			08/0//21	15.00		
Avery Goodles	HAYMANKED, VA 20169			07/2/21	3,00		
Rachen	Careers bono Rd. Ar. 35208			7/08/2	25,00		
A ondar e Keepien	PANK AUUR BALTIMONE			67/2/2/	50.00		
FORM REVISED 9.2.2011 TOTAL CASH CONTRIBUTIONS THIS PAGE							