



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

County Division Code: AL040
Inst. # 2021092138 Pages: 1 of 6
I certify this instrument filed on
8/9/2021 2:22 PM Doc: ELPCC
Judge of Probate
Jefferson County, AL.

Clerk: WORTHYV



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Please Print in Ink or Type.

Name of Candidate or Elected Official WILL JONES		Political Party/Party Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) BIRMINGHAM CITY COUNCIL DISTRICT 3			
Address ☐ Check box if reporting new address 1300 20TH STREET SOUTH APT 102			
City BHAM	State AL	ZIP Code 35205	Telephone Number [REDACTED]

☐ Monthly☐ Amended Monthly☒ Weekly☐ Amended Weekly

For 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

08/13/21

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$248
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$150.06	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	\$150	\$0.00
In-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)	3c		\$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
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$389.8	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	389.8	\$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)	7	\$8.20	\$0.00

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.

Signature of Candidate or Elected Official **[Signature]** Date **08/09/21**

Sworn to and subscribed before me this **9TH** day of **August** of the year **2021**. My commission expires the **10** day of **January** the year **2024**.

Signature of Notary Public **[Signature]**
Print Notary's Name **LAURENCE J ANDERSON**



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.

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

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
WIL JONES	1300 20TH ST. SOUTH, B'HAM AL 35205		X				08/07/21	\$150.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$150 \$0.00

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NAME OF CANDIDATE OR ELECTED OFFICIAL:

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





FORM 4: Receipts from Other Sources loans, interest, and other sources of income

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 COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING 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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FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _____

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
THE UPS STORE	1116 20TH ST. SOUTH B'HAM AL 35205	X										08/03/21	\$10.00
SQUARESPACE	225 YARICK ST., 12TH FLOOR NY, NY 10014		X									08/04/21	\$43.20
THE UPS STORE	1116 20TH ST. SOUTH B'HAM AL 35205		X									08/07/21	\$336.60
TOTAL EXPENDITURES THIS PAGE												\$389.80	



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	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION		
		TOTAL EXPENDITURES THIS PAGE											\$ 0.00

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FORM REVISED 5.19.2017

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