City

Birmingham

Name of Candidate or Elected Official

Office Sought or Held (include district or eircuit number, if applicable)
Board of Education, District 9

ΑI

Susan Diane Mitchell

10 Eleventh Court North

### FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

FILED IN OFFICE PROBATE COURT

AUG 12 REC'D

# Candidate & Elected Official

Please Print in Ink or Type.

State

Campaign Finance Report SUMMARY FORM 1

NA

Telephone Number

2053965377

ZIP Code

35204 ·

20210819000405940 1/3 \$.00 Shelby Cnty Judge of Probate, AL 08/19/2021 02:33:03 PM FILED/CERT

Monthly Weekly

Amended Monthly

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 file

**Total Num** Pages in I

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nber of Report	3	• •

THIS AREA FOR OFFICIAL USE ONLY

Inst. # 2021093877 Pages: 1 of 3

8/12/2021 3:25 PM Doc: ELCAPRE

I certify this instrument filed on

↓ County Division Code: AL040

Judge of Probate

Clerk: NICOLE

Report (check one)

Jefferson County, AL.

	and the second s		for a line of the control of the	<u> </u>	
S	summary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)		7	1	1198
	Cash Contributions	<b>7</b>	,	<del></del>	
2a	Itemized cash contributions (total from Form 2)	2a		)	
2b	Non-itemized cash contributions	2b	260	)	
2c	Total cash contributions (add lines 2a and 2b)		7 f	2c	260
	In-Kind Contributions	1			
3a	Itemized in-kind contributions (total from Form 3)	3a	C	)	
3b	Non-itemized in-kind contributions	3b	0	}	
3с	Total in-kind contributions (add lines 3a and 3b)	3c	0		
	Receipts from Other Sources	1		J.	
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0		
4b	Non-itemized Receipts from Other Sources	4b	0		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	
	Expenditures	<b>]</b> ,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5a	Itemized expenditures (total from Form 5)	5a	315.85		
5b	Non-itemized expenditures	5b	0	ì	
5c	Total expenditures (add lines 5a and 5b)			5c	0315.85
	Expenditures on Line of Credit	] ,			
6a	Itemized expenditures (total from Form 6)	6a	0		
6b	Non-itemized expenditures	6b	0		
6с	Total expenditures on credit (add lines 6a and 6b)	6c	0		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	,		7	1142.00
				[	

As required by the Alabama Fair Campaign Practices Act, I here	by
swear or affirm to the best of my knowledge and belief that t	
attached report(s) and the information contained herein a	
true and correct and that this information is a full and comple	
statement of all contributions, expenditures, and other requir	ed.
information during the applicable period of time.	<b>A</b>

Signature of Candidate or Elected Official Date Sworn to and subscribed before me this of the year ,

Print Notary's Name

#### 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: 50500 DIANE MHChell



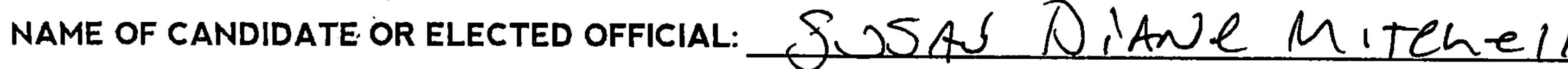
DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) ADDRESS CONTRIBUTOR DATE AMOUNT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) Robert J. Burron NOT 910 en AM Ben Stres CASh APP CASh. APP TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 9.2.2011

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

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

## FORM 5: Expenditures by candidate or elected official

FORM REVISED 9.2.2011





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) PERSON/GROUP/BUSINESS ADDRESS DATE OF **AMOUNT** OTHER (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE EXPENDITURE OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) (INCLUDE FULL NAME) GIVE (mo./day/yr.) **EXPENDITURE** BRIEF EXPLANATION 114550 Beelworst. Or/05/2/ TANSPORTT U Berilon 2463PALOMano Co.

TOTAL EXPENDITURES THIS PAGE