County Division Code: AL040 Inst. # 2021097644 Pages: 1 of 6 I certify this instrument filed on: 8/23/2021 3:14 PM Doc: ELCAPRE Judge of Probate Jefferson County, AL

FORM REVISED 06.06.2017

Clerk: SMITHMO

A DIHLINOM Zi Official City	Candidate & Elected Officand Finance Report Summary Form 1 Please Print in Ink or Type. The of Candidate or Elected Official Political Party/Englisher A. Abbott Cassought or Held (Include district or circuit number, if applicable) Branch City Council - District in Ink or Type. Check box if reporting new address Check box if reporting new address	Sallot Sallot	Affiliation For Month report For W Date of week in report Total		check of the he he	03000431490 1/6 \$.00 Cnty Judge of Probate, 2021 11:20:06 AM FILED/C	
	10 nam 17 35 205		Pages	s in Repo	rt		
S	ummary of activity since last filed report Beginning balance (ending balance from previous filing)				1 .	415,789.84	
 	Cash Contributions	0-	· #	<u> </u>	,		
	Itemized cash contributions (total from Form 2)	2a	4 220	0.00			
-	Non-itemized cash contributions	2b					
2c	Total cash contributions (add lines 2a and 2b)	ļ. <u>.</u>		٠ <u>٠</u>	2C	# Z200.00	
-	In-Kind Contributions		· · · · · · · · · · · · · · · · · · ·	·,			
3a	Itemized in-kind contributions (total from Form 3)	За		0			
3b	Non-itemized in-kind contributions	3b			-		
3c	Total in-kind contributions (add lines 3a and 3b):	3c		\$0.00			
	Receipts from Other Sources		· · · · · · · · · · · · · · · · · · ·				
	Itemized Receipts from Other Sources (total from Form 4)	4a	- <u>.</u>	0	•		
4b	Non-itemized Receipts from Other Sources	4b		0	- , -	** ;	
4c	Total receipts from other sources (add lines 4a and 4b)			٠.	4c	\$0.00	
-	Expenditures	<u> </u>		1986	1		
<u> </u>	Itemized expenditures (total from Form 5)	5a	*35	20.0c			
	Non-itemized expenditures	5b	<u></u>				
J	Total expenditures (add lines 5a and 5b)				5c	# 35 Z6.00	
<u>;-</u>	Expenditures on Line of Credit	 			i ·		
6a	<u> </u>	6a	 				
6b	Non-itemized expenditures	6b	 :				
6c	Total expenditures on credit (add lines 6a and 6b)	6c		\$0. 0 0			•
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		· . · · · · · · · · · · · · · · · · · ·		7	4 14 469.36	
swe atta true sta info	ched report(s) and the information contained herein are and correct and that this information is a full and complete tement of all contributions, expenditures, and other required ormation during the applicable period of time. Sign	And ature	and subscribed be of the year day of Miles of Notary Public Paris	2021 teles		My commission expires e year 2024 Sestenci Prince Notary Rublic Alabama State at Large	•



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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. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) AMOUNT DATE **ADDRESS** CONTRIBUTOR CONTRIBUTION (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED (mo./day/yr.) 1 \$ 200,00 2025 35d Ave. N. John W. Haley 131 ham, AL 35203 \$1000.00 4460 Clairmont Ave. Laxry Word B'han, AL 35222 4126 Calenbrook Dr. \$ 1000.00 Dick Schmalz <u>35213</u> Binam. Al TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 9.2.2011 .



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

FORM 3: In-Kind 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 cash or loans on this form. Use Forms 2 and 4 for those listings. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) **AMOUNT** DATE ADDRESS CONTRIBUTOR **OF** (ADDRESS SHOULD INCLUDE CONTRIBUTION (INCLUDE FULL NAME) STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) TOTAL IN-KIND CONTRIBUTIONS THIS PAGE 0.00 FORM REVISED 9.2.2011



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

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. COMPLETE THIS BLOCK IF RECEIPT. **FORM** RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) AMOUNT DATE SOURCE OF RECEIPT ADDRESS OF RECEIVED (ADDRESS SHOULD INCLUDE **GUARANTORS** (INCLUDE FULL NAME) STREET OR P.O. BOX, (mo./day/yr.) RECEIPT [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] TOTAL RECEIPTS THIS PAGE \$ 0.00 FORM REVISED 9.2.2011



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

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. PURPOSE OF EXPENDITURE (CHECK ONE) **AMOUNT** DATE OF PERSON/GROUP/BUSINESS **ADDRESS** OTHER . OF EXPENDITURE (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) EXPENDITURE (mo./day/yr.) GIVE (INCLUDE FULL NAME) BRIEF **EXPLANATION** 351 24th St N. Biham, AL 35203. U.S. Postal SUC. 8/17/21 \$3520.00 # 35 ZO.00 TOTAL EXPENDITURES THIS PAGE **FORM REVISED 9.2.2011**



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NAME OF CANDIDATE OR ELECTED OFFICIAL:

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

FORM 6: Expenditures On Line of Credit by candidate or elected official

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

ADDR

•		CHECK ONE)										•	
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS. (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Contribution	Faod	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
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FORM REVISED 5.19.2017	TOTAL EXPENDITURES THIS PAGE REVISED 5.19.2017												