County Division Code: AL040 Inst. # 2021100473 Pages: 1 of 6 I certify this instrument filed on: 8/30/2021 3:14 PM

THIS AREA FOR OFFICIAL USE ONLY

Doc: ELCAPRE Judge of Probate Jefferson County, AL

Clerk: WORTHYV



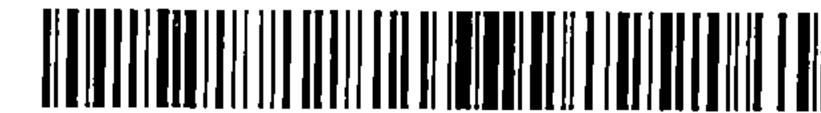


FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official

THLY 8	Campaign Finance Repor	20210903000431940 1/6 \$.00 Shelby Cnty Judge of Probate, A 09/03/2021 12:01:12 PM FILED/CE							
Nar	SUMMARY FORM 1 Please Print in Ink or Type. The of Candidate or Elected Official Political Party/E Ce Sought or Held (include district or circuit number, if applicable)	Affiliation	Type of Report Mon Mon Wee Month for which	thly kiy lepor	Amer	ded Monthly ded Weekly			
Add	B'A City Council - D-4 lress Check box if reporting new address 3116 33 - 2 P). N.			report is filed. For Weekly Re Date of Friday week for which report is filed. Total Number	in the the		/ 0 /		
_	B M 35207			Pages in Repo					
9	ummary of activity since last filed report								
و ر	Beginning balance (ending balance from previous filing)	ξ.		"	4	7 971			
	Cash Contributions	c ក្		6.5 A. C. O. C.		<u> </u>			
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	Non-itemized cash contributions	2b	<u> </u>	<u> </u>			1		
	Total acab contributions (add lines 2s and 2h)		ن د د که	The state of the s	2c		\$0.00		
	In-Kind Contributions	7.4							
		3a	<u> </u>		3.4				
	Non-itemized in-kind contributions	3h							
	· · · · · · · · · · · · · · · · ·	3c		÷0.00	ا برائي دهم ومي				
	Receipts from Other Sources		p +	\$0.00					
	Itemized Receipts from Other Sources (total from Form 4)	1/2							
	Non-itemized Receipts from Other Sources	1h	•			A TOTAL STATE OF THE STATE OF T			
4c		(f			4c	**************************************	\$0.00		
	Expenditures	,			1401	2 mi 1 mi	30.00		
		52		<u> </u>					
		5b	2,50	<u> </u>	4	100 A			
5c			10.2000 10.2000 10.2000 10.2000	Men and a second	5c	250			
	Expenditures on Line of Credit				-		2 12 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2		
——————————————————————————————————————		6a		e ec et strestfille s					
6b		6b			10 10 10 10 10 10 10 10 10 10 10 10 10 1				
		6c	-	<u> </u>					
6c	, o o o o o o o o o o o o o o o o o o o	╽╶╌		\$0.00	7	1 434			
1	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	1	13.35.23			1,934			
swe atta true stat	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are and correct and that this information is a full and complete the ement of all contributions, expenditures, and other required.		of th	ribed before me e year <u>102</u> of FEBRURRY	<u>,</u> of	My comm	day of ission expires		
info	rmation during the applicable period of time.	IH	W L	well	:ek	ou Ros	n		
h	White 127 - 1834 18 18 18 18 18 18 18 18 18 18 18 18 18	ature	of Notany Jul	ENICE JUNE	RICH	ARDSON	•		
_	nature of Candidate or Elected Official Date	Nota	ry's Name	Notary Public, Alaba My Commission I					
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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: William PAICA 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 CONTRIBUTION OF (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Indivídual Returned STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) \$ 0.00 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: William PAIKE 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** CONTRIBUTOR ADDRESS DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE OF CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) 0.00 TOTAL IN-KIND 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 4: Receipts from Other Sources loans, interest, and other sources of income



Willian PAllcer 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) DATE **AMOUNT** ADDRESS -SOURCE OF RECEIPT OF (ADDRESS SHOULD INCLUDE **GUARANTORS** RECEIVED (INCLUDE FULL NAME) STREET OR P.O. BOX, Business Other (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: WILLIAM PARE

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 **ADDRESS** PERSON/GROUP/BUSINESS OTHER Advertising Consultants/ Polling Contribution Food Fundraising Loan Repayment Lodging OF (ADDRESS SHOULD INCLUDE EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) EXPENDITURE (mo./day/yr.) GIVE (INCLUDE FULL NAME) BRIEF **EXPLANATION** GOT. V/pollworkers COTY 8/24/21 2,500 TOTAL EXPENDITURES THIS PAGE FORM REVISED 9.2.2011

County Division Code: AL040 Inst. # 2021100473 Pages: 6 of 6

NAME OF CANDIDATE OR ELECTED OFFICIAL: William PAINER



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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.

	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)											
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling	Contribution	Food	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												