County Division Code: AL040 Inst. # 2021100471 Pages: 1 of 3 I certify this instrument filed on: 8/30/2021 3:09 PM

Doc: ELCAPRE Judge of Probate Jefferson County, AL

Clerk: WORTHYV

## FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

## Candidate & Elected Official Campaign Finance Report

THIS AREA FOR OFFICIAL USE ONLY



20210903000431950 1/3 \$.00 Shelby Cnty Judge of Probate, AL 09/03/2021 12:01:13 PM FILED/CERT

MOKI	SUMMARY FORM 1					Type of Report (check one)				
<b>₹</b> ₹,					Γ	Mont	hiy	Amended Mo	rithly	
Nar	Please Print in lak or Type.  ne of Candidate or Elected Official  Political Party/0	Saliot	Affilia	tion	<u> </u>	Week	ίψ	Amended We	ekly	
T	ce Sought or Held (include district or circuit number, if applicable)				_ · · · · ·	or which				
B	Dava of Education-Distrot 5				For We	ekiy Re	<b>.</b>		•	
P	Check box if reporting new address  O Box 51025				week fo	•	-	8/27/2	4	
City	Sirming nam-AL 35259	nber		•	Total N Pages	umber d in Repo		3		
	ummary of activity since last filed report		-		·				:	
1	Beginning balance (ending balance from previous filing)						1 1	151.50		
	Cash Contributions						•			
2a	Itemized cash contributions (total from Form 2)	2a								
	Non-itemized cash contributions	2b				-				
	Total cash contributions (add lines 2a and 2b)		<del></del>		1		2c C	1066.90	\$0.00	
	ln-Kind Contributions									
3a	Itemized in-kind contributions (total from Form 3)	3а						•		
3b	Non-itemized in-kind contributions	3b				·				
<u>3c</u>	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				 •}		•		
4b	Non-itemized Receipts from Other Sources	4b						·		
4c	Total receipts from other sources (add lines 4a and 4b)						4c.	<del>-0-</del>	\$0.00	
	Expenditures						u	•		
5įa	Itemized expenditures (total from Form 5)	5a		·						
5b	Non-itemized expenditures	5b				·				
•	Total expenditures (add lines 5a and 5b)	<u> </u>					5c 4	710.15	\$0:00	
	Expenditures on Line of Credit		<del></del>				ī	<b>§</b> •	- {	
<b>6</b> a	Itemized expenditures (total from Form 6)	6a					}	•		
6b	Non-itemized expenditures	6b						; ;		
6c		6c		0		\$0.00	4	· · · · · · · · · · · · · · · · · · ·		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)						7 5	5508.3	60.0Ö	
swe atta true stat	ched report(s) and the information contained herein are and correct and that this information is a full and complete ement of all contributions, expenditures, and other required the mation during the applicable period of time.	21/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	N 大	L of the	year 2		of the	30 <sup>th</sup> / <sub>day</sub> My commission of the commission of	expires	
Sign			•	otary Publ		KSON	7			

Print Notary's Name

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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: MMCS A. SULLIVAN 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 OF. (INCLUDE FULL NAME) Business-or Corporation Individual STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) 250.00 25.00 Next-generation PAC "
Next-generation PAC "
Next-generation PAC "
Eddie Bradford - 841
By 2000.00 8/23/21/4867.50 8416 1St/Ave NOAh Bringham AL 35203 8/30/2/ 9066.98 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 5: Expenditures by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL: UMMCS-A. SULLIVAN



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 QF 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 38.70 00.00 H245 St/Ave, NOFAL Birningham, AL 35222 Bigns Website 18.00 Wix.com 0 BOX 44 140 AG+B/UC X Files Somerville, MD 02144 210.00 8/27/2 305 green oak Lane Madison, MS 39110 Mailers 3905.27 47/0.15 TOTAL EXPENDITURES THIS PAGE FORM REVISED 9.2.2011