County Division Code: AL040 Inst. # 2021097656 Pages: 1 of 3 I certify this instrument filed on: 8/23/2021 3:56 PM

Doc: ELCAPRE Judge of Probate Jefferson County, AL

Clerk: CRAWFORD

Expenditures

FORM REVISED 06.06.2017

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE CNLY

Type of Report (check one)



20210903000432100 1/3 \$.00 Shelby Cnty Judge of Probate, AL 09/03/2021 01:06:21 PM FILED/CERT

	SOMMENT	☐ Mon	thly	Amen	ided Monthly			
Please Print in ink or Type. me of Candidate or Elected Official Political Party/Ballot				[V] Wee	•	Amen	ded Weekly	
JOSON Neadows Demo			101	For Monthly R Month for which		A. 3		
fice Sought or Held (include district or circuit number, if applicable)			ahan	report is filed. For Weekly Re	eports		1007	ᆜ.
dress Check box if reporting new address			3.62	Date of Friday	in the	ω	~/^ /	
1	2.0.1500 3120 135			week for which report is filed.	fiti	DIY-	0121	_]
State ZIP Code Telephone Nur				Total Number Pages in Repo			3	
_	71111111111111111111111111111111111111			1 dgod iii itop				
ì	ummary of activity since last filed report				•	-		
	Beginning balance (ending balance from previous filing)			the state of the s	11=	3,21	2 75	≥
Cash Contributions				·. ·	1	• • •		Ì
	Itemized cash contributions (total from Form 2)	2a	921	18				-
	Non-itemized cash contributions	2b			1216	,		4
;	Total cash contributions (add lines 2a and 2b)	} ,			2c 3	47	66.0	
-	n-Kind Contributions		·: 	· · · · · · · · · · · · · · · · · · ·	*****	i	•	
ı	Itemized in-kind contributions (total from Form 3)	3a	数0				-	
1	Non-itemized in-kind contributions	3b	AR (C)			;		
	Total in-kind contributions (add lines 3a and 3b)	3c	AK C	\$0.00				
Receipts from Other Sources			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Itemized Receipts from Other Sources (total from Form 4)	4a	TO		,4		ر د ج	
	Non-itemized Receipts from Other Sources	4b	铁〇			·		
	Total receipts from other sources (add lines 4a and 4b)		•		4c 3	X ()	~\$0. ₫	F

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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.

Itemized expenditures (total from Form 5)

Total expenditures (add lines 5a and 5b)

Itemized expenditures (total from Form 6)

Total expenditures on credit (add lines 6a and 6b)

7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)

Non-itemized expenditures

Non-itemized expenditures

Expenditures on Line of Credit

Signature of Candidate or Elected Official	18/23/21
Signature of Candidate or Elected Official	Date

Sworn to ar		before me this <u>~~</u> r <u>~~</u> . My com	day of day of
the	day of	of the year	mission expires
	State Of the Contract of the C	KENYATA RODGERS	
Signature of	etary Public	My Commission Expires July 28, 2025	2 Parks
Print Notary's	Name		

\$0.00

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6b

County Division Code: AL040 Inst. # 2021097656 Pages: 2 of 3



20210903000432100 2/3 \$.00 Shelby Cnty Judge of Probate, AL 09/03/2021 01:06:21 PM FILED/CERT

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: JOSEN MOCOLOUSS 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) CONTRIBUTOR **ADDRESS** DATE AMOUNT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) 35213 mirchan. P.O. 130× 1493' Binningnom, 19035201 8/11/21 JICHOIDTION AL Birrymon Diminarian AL35209 TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 9.2.2011

County Division Code: AL040 Inst. # 2021097656 Pages: 3 of 3



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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: TOSON MOCOLOUS



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 QTHER** (ADDRESS SHOULD INCLUDE EXPENDITURE OF RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (INCLUDE FULL NAME) (mo./day/yr.) GIVE EXPENDITURE BRIEF EXPLANATION Laghuntabb 8/16/21 Birminanom, AL 35203 Duber Summet Media Birmingnam Times 2700 Common Ausora Birmingram Alsoza 115 Mil Ave. West \$518°00 Birminamatissett 5305 Premie 0 Dimingnom, ABSERS TOTAL EXPENDITURES THIS PAGE FORM REVISED 9.2.2011