FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA 20211004000483250 1/5 \$.00 Shelby Cnty Judge of Probate, AL 10/04/2021 02:29:42 PM FILED/CERT

Division Code: AL040

, 2021076253 Pages: 1 of 5

for this instrument filed on

I certify this instrument filed on 7/1/2021 3:17 PM Doc: ELPCPRE Judge of Probate Jefferson County, AL.

Clerk: PEEPLESC

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official

Consider the print of the p

Type of Report (chec	ж оле)
Monthly	Amended Monthly
Weekly	Amended Weekly
For Monthly Reports	5
Month for which the	
report is filed.	
For Weekly Reports	
Date of Friday in the	
week for which the	
report is filed.	<u> </u>
Total Number of	
Pages in Report	

S	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	A O
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	#3250°°		
2b	Non-itemized cash contributions	2b	473450		
2c	Total cash contributions (add lines 2a and 2b)	To the second		2c	748450
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	*O	2	
3b	Non-itemized in-kind contributions	3b	* 0	PA	LED IN OFFICE CBATE COURT
3с	Total in-kind contributions (add lines 3a and 3b)	3с		<b>.</b>	JL 0 1 2021
	Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	後の	JAM	ES P. NAFTEL II
4b	Non-itemized Receipts from Other Sources	4b		D.	100319
4c	Total receipts from other sources (add lines 4a and 4b)			4c	\$0.00
	Expenditures			報 か. 1 特別 1 年 年 1	
5a	Itemized expenditures (total from Form 5)	5a	\$5980° <sup>↑</sup>		
5b	Non-itemized expenditures	5b	* 203		
5c	Total expenditures (add lines 5a and 5b)	43 4		5c	#60839
	Expenditures on Line of Credit			8 89 48	
6a	Itemized expenditures (total from Form 6)	6a			
6b	Non-itemized expenditures	6b	<b>4</b> 0		
6c	Total expenditures on credit (add lines 6a and 6b)	6с	\$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			7	\$140143 \$0.00

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.

Signature of Candidate or Elected Official

Sworn to and subscribed before me this	day of
July of the year 0021	My commission expires
the 20 day of Lanuary of	the year 2023.
Innela Demose	Meso
Signature of Notary Public	

Print Notary's Name

### RM 2: Contributions received by candidate or elected official



S 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) CONTRIBUTOR **ADDRESS** DATE AMOUNT (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) MOD Avenue O David Whatley Bimmanam, AU35209 man chapel Hillstrw Rodney Standfield SIDONALL 509 Briven Drive Leea Murphy Avenue ow Juan Carwell minoman, AUSS217 TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 9.2.2011

## FORM 2: Contributions received by candidate or elected official



FORM REVISED 9.2.2011

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) ADDRESS DATE AMOUNT CONTRIBUTOR (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) P. O. BM 320738

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Chis Pitts		\$7200
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36 3/5 \$. 36 of Pro 3:42 PM F		
40004832 Cnty Jud		
2021100 She1by 10/04/2		
EODM REVISED 9 2 2011	TOTAL CASH CONTRIBUTIONS THIS PAGE	\$85000

# FORM 5: Expenditures by candidate or elected official

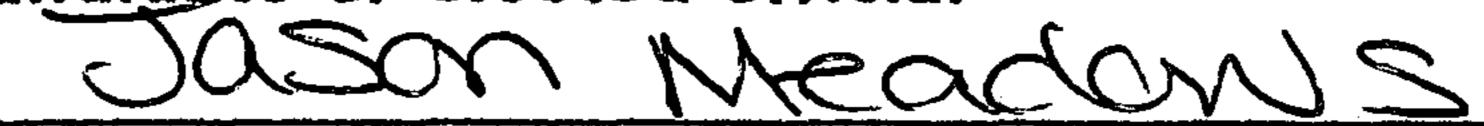
THE NAME OF CANDIDATE OR ELECTED OFFICIAL:



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# 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) PERSON/GROUP/BUSINESS ADDRESS DATE OF AMOUNT OTHER (ADDRESS SHOULD INCLUDE EXPENDITURE OF RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) GIVE EXPENDITURE (INCLUDE FULL NAME) BRIEF EXPLANATION Dessemon, AU35002C Hardcare 15955 Na Canteraper of Mandcare Jan Antonio, TX 78256

TOTAL EXPENDITURES THIS PAGE

FORM REVISED 9.2.2011