FAIR CAMPAIGN PRACTICES ACTEDIN OFFICE STATE OF ALABAMA

PROBATE COUR

20211004000483540 1/6 \$.00 Shelby Cnty Judge of Probate, AL 10/04/2021 02:57:34 PM FILED/CERT

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Clerk: NICOLE

Type of Report (check one)

Candidate & Elected Judge of Probate Campaign Finance Report

SUMMARY FORM 1 Monthly Amended Monthly Please Print in Ink or Type. Weekly Amended Weekly Political Party/Ballot Affiliation Name of Candidate or Elected Official For Monthly Reports Month for which the Office Sought or Held (include district or circuit number, if applicable) report is filed. Birntanham BOE District 5 For Weekly Reports Date of Friday in the Address Check box if reporting new address week for which the report is filed. Telephone Number ZIP Code: City Total Number of 256-747-7616 Pages in Report mishing Summary of activity since last filed report Beginning balance (ending balance from previous filing) **Cash Contributions** Itemized cash contributions (total from Form 2) 2a 00 Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) \$0.00 In-Kind Contributions Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions 3c Total in-kind contributions (add lines 3a and 3b) \$0.00 Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) 4a Non-itémized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) \$0.00 4c Expenditures Itemized expenditures (total from Form 5) 5a

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As required by the Alabama Fair Campaign Practices Act,	_
swear or affirm to the best of my knowledge and belief	that the
attached report(s) and the information contained her	ein are
true and correct and that this information is a full and co	omplete
statement of all contributions, expenditures, and other i	equired
information during the applicable period of time.	
	_ /

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

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

-Signature of Candidate or Elected Official

Non-itemized expenditures

Non-itemized expenditures

Expenditures on Line of Credit

Total expenditures (add lines 5a and 5b)

Itemized expenditures (total from Form 6)

of the year Signature of Notary Public

Swom to and subscribed before me this

5c

\$0.00

\$0.00

\$0.00

Print Notary's Name

6a

6b

6c

FORM REVISED 06.06.2017

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: DAVID MCKINNEY



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** AMOUNT DATE CONTRIBUTOR (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) 0/14/21 South-side, AL 35907 1407 Standill Red 8/11/21 stera mariona Sheaman, Ala San So 200 Summit Parkensony C-713902 8/12/21 200 · Birmingham. AL 35209 Bham PAC 389 30d St. - momas Harry Swain 100 8/13/21 Birmham, AL 35214 Dury Sink Field Po Boy 230252 8/13/2/ Mostonery 1AL 36123 TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

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

FORM 3: In-Kind Contributions received by candidate or elected official

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NAME OF CANDIDATE OR ELECTED OFFICIAL:

David McKinnly

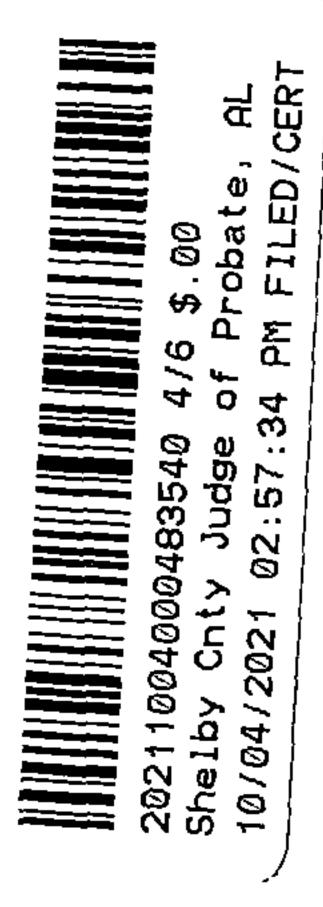
When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) ADDRESS CONTRIBUTOR DATE AMOUNT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) 2021 She I 10/0 TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

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: David McKingey

When total contributions from a single source exceed \$100,00, the FCPA requires all contributions from that source to be itemized.

SOURCE OF RECEIPT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUSED STREET OF P.O. BOX. CITY, STATE, AND ZIP)		FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT 18 A LOAN	RECEIPT SOURCE (CHECK ONE)						
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP)	Interest	Loan	Oiltear	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Officer	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
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M REVISED 10.27.2011			<u>ا زدن در</u>		TOTAL RECE	PT	ST	HIS	5 P/	٩GI		5



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: David McKinnak

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) DATE OF AMOUNT ADDRESS PERSON/GROUP/BUSINESS OTHER (ADDRESS SHOULD INCLUDE EXPENDITURE OF RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) EXPENDITURE (mo./day/yr.) GIVE (INCLUDE FULL NAME) BRIEF EXPLANATION Ø TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27,2011

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

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: DON'S MELINORY

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 DATE OF **AMOUNT** ADDRESS 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 TOTAL EXPENDITURES THIS PAGE FORM REVISED 5.19.2017