County Division Code: AL040 Inst. # 2021103633 Pages: 1 of 4 I certify	y this instrument filed on: 9/7/2021 4:03 PM
Doc: ELCAPRE Judge of Probate Jefferson County, AL  Clerk: WORTHYV	
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	21 03:20:26 PM FILED/CERT
FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA	PROBATE COLLO
Candidate & Elected O	official SEP 67 2021
Campaign Finance Repo	
SUMMARY FORM 1	Type of Report (check one)
Please Print in link or Type.	Monthly Appended Monthly
Name of Candidate or Elected Official  Political Par	any/Ballot Affiliation Weekly Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	Month for which the
who was board of Falloton	report is filed.  For Weekly Reports
Address Check box if reporting new address	Date of Friday in the
F.O. 10X 010X	week for which the
Birming Mm ALS5232 205	Number of SQ QCO2 Pages In Report
Summary of activity since last filed report	
1 Beginning balance (ending balance from previous filing)	1 22 47
Cash Contributions	
2a Itemized cash contributions (total from Form 2)	2a 5000
2b Non-itemized cash contributions	2b \$254.
2c Total cash contributions (add lines 2a and 2b)	2c 49548
in-Kind Contributions	
3a Itemized in-kind contributions (total from Form 3)	3a 46 O
3b Non-itemized in-kind contributions	3b Ab O
3c Total in-kind contributions (add lines 3a and 3b)	3c 420
Receipts from Other Sources	
4a Itemized Receipts from Other Sources (total from Form 4)	1) 4a 480
4b Non-itemized Receipts from Other Sources	4b (A)
4c Total receipts from other sources (add lines 4a and 4b)	4c 4c 4c
Expenditures	
5a Itemized expenditures (total from Form 5)	5a #5114.81
5b Non-itemized expenditures	5b # 2192. 98
at lotar experiences (add lines as and ab)	5c \$ 3(5) 24 seree
Expenditures on Line of Credit	
6a Itemized expenditures (total from Form 6)	6a 48 0
6b Non-itemized expenditures	6b 42 0
6c Total expenditures on credit (add lines 6a and 6b)	6c 50.00
7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7 980.00
As required by the Alabama Fair Campaign Practices Act, I hereby	
swear or amm to the best of my knowledge and belief that the	day of
The state of the s	Without of the year 2021. My commission expires
statement of all contributions, expenditures, and other required the information during the applicable period of time.	aby of April of the year 2025
	Land Lander
	rature of Notary Public
	AUriel Thompson Notary's Name

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

|--|

20211004000483610 2/4 \$.00 Shelby Cnty Judge of Probate, AL 10/04/2021 03:20:26 PM FILED/CERT

Type of Report (check one)

		Men Men	thly	Amende	ed Monthly
Please Print in Ink or Type.  Name of Candidate or Elected Official  Political Party/	Ballot Affiliation	7 Wee	:k <b>iy</b>	Amende	ed Weekly
Josep Moscor Dom	tex	For Monthly R Month for which	•		
Office Sought or Held (include district or circuit number, if applicable)		report is filed.		201	ember
roand ottawatar		For Weekly Re Date of Friday		hoos	ember
Address Check box if reporting new address  P-O PSOX SON		week for which report is filed.			*Civ
City State ZIP Code   Telephone Nu	_	Total Number	of		
State ZIP Code   Telephone Nu DVMINGNOM AL 350230_ 205919	JOSON -	Pages in Repo	it		1
Summary of activity since last filed report					
1 Beginning balance (ending balance from previous filing)			1	989	う\ つ\
Cash Contributions				•	
2a Itemized cash contributions (total from Form 2)	2a (10)	sqpo s	}		
2b Non-itemized cash contributions	2b 3000	9000005498			<u> </u>
2c Total cash contributions (add lines 2a and 2b)		**3~	2c	\$1396	وه حدد في
In-Kind Contributions	:			•	
3a Itemized in-kind contributions (total from Form 3)	3a 7X(			-	
3b Non-itemized in-kind contributions	3b X (			<u>.</u> .	) :
3c Total in-kind contributions (add lines 3a and 3b)	3c 250	\$0.00			
Receipts from Other Sources			_	-	
4a Itemized Receipts from Other Sources (total from Form 4)	4a 40	0			
4b Non-itemized Receipts from Other Sources	4b 8				<u> </u>
4c Total receipts from other sources (add lines 4a and 4b)			4c	4	\$0.00
Expenditures		<u> </u>			
5a Itemized expenditures (total from Form 5)	5a 082_1	$\infty$			
Non-itemized expenditures	5b 夕 (	27			;
5c Total expenditures (add lines 5a and 5b)		and the same	5c	郊2,02	7 50.00
Expenditures on Line of Credit					44. j. a
ltemized expenditures (total from Form 6)	6a 次 C	)			
b Non-itemized expenditures	6b 4X O				
Total expenditures on credit (add lines 6a and 6b)	6c 4X ()	<u>\$0.08</u>			
7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		•	7	3358	5 1 30:00
s required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the	m to and subs	cribed before me	this	711	day of

attached report(s) and the information contained nerein 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

Date

Signature of Notary Public

FORM REVISED 08.08.2017

MY commission expires the 18 day of Annell

of the year 30c

Print Notary's Name

2	

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	8      <b>                                  </b>	
- 3: 4: 46 5 7 : 246 5 7 7 7 1 1 1 5 7 7 7 7 7 7 7 7 7		) <b>33 3 13 6 6 6 7 3</b> 1 <b>7</b>
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County Division Code: AL040 Inst. # 2021103633 Pages: 3 of 4

	00, the FCPA requires all expenditures to that recip									ieni be itemize	.d.		
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Contribution	Food		Loan Repayment		ē	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./daylyr)	AMOUNT OF EXPENDITURE
mon	2906 M Strest. Dunte 106 Jockson, ms			M								9/1/21	\$200
Denard Jones	Birmingnam AL										D)	9/3/21	\$150
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-		E									•		
ORM REVISED 9,2.2011	,			1	T	OT/	AL	EX	PE	ומא	rures this	PAGE	\$20°



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County Division Code: AL040 Inst. # 2021103633 Pages: 4 of 4

FORM REVISED 9.2.2011

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: 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.) Jason Meadows SS333370 Ave South Birming mom, it USSZCB [19] [19]3121 Deanra Reed TOTAL CASH CONTRIBUTIONS THIS PAGE