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FAIR CAMPAIGN PRACTICES ACT STATE OF, ALABAMA

Candidate & Elected Official Campaign Finance RECEIVED IN OFFICE SILMMARY FORM 4 SEP 6 7 2021

SUMMARY FORM Type of Report (check one) Amended Monthly Monthly JAMES P. NAFTEL, II Please Print in Ink or Type. Name of Candidate or Elected Official Weekly Amended Weekly For Monthly Reports Office Sought or Held (include district or circuit number, if applicable) Month for which the report is filed. For Weekly Reports Date of Friday in the week for which the report is filed. ZIP Code Telephone Number **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) Cash Contributions Itemized cash contributions (total from Form 2) Non-itemized cash contributions Total cash contributions (add lines 2a and 2b) In-Kind Contributions Itemized in-kind contributions (total from Form 3) 20211004000483740 1/4 \$.00 Non-itemized in-kind contributions Shelby Cnty Judge of Probate, AL 10/04/2021 03:35:00 PM FILED/CERT Total in-kind contributions (add lines 3a and 3b) 20 \$0.00 Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) [4a] Non-itemized Receipts from Other Sources Total receipts from other sources (add lines 4a and 4b) **Expenditures** Itemized expenditures (total from Form 5) 121000 Non-itemized expenditures Total expenditures (add lines 5a and 5b) **Expenditures on Line of Credit** Itemized expenditures (total from Form 6) 6a Non-itemized expenditures 6b 6b Total expenditures on credit (add lines 6a and 6b) 6c 37 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the Swom to and subscribed before me this attached report(s) and the information contained herein are Sewhenney of the year 2021 true and correct and that this information is a full and complete . My commission expires statement of all contributions, expenditures, and other required day of ANULI of the year 3020 information during the applicable period of time. Signature of Notary Public Signature of Candidate or Elected Official Date FORM REVISED 06.08.2017 Print Notary's Name

County Division Code: AL040

Inst. # 2021103633 Pages: 1 of 4

9/7/2021 4:03 PM Doc: ELCAPRE

certify this instrument filed on

Judge of Probate

Jefferson County, AL.

Clerk: WORTHYV

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY



20211004000483740 2/4 \$.00 Shelby Cnty Judge of Probate, AL 10/04/2021 03:35:00 PM FILED/CERT

B SUMMARY FORM 1	Type of Report (
Please Print in Ink or Type.	Monthly	ـــا	nded Monthly	
Name of Candidate or Elected Official Political Party	/Ballot Affiliation	Weekly		nded Weekly
MOSE Square to Hold (locked a district or effort it and isophia)	Tex	For Monthly Rep Month for which the		Lema
Office Sought or Held (include district or circuit number, if applicable)		report is filed. For Weekly Repo		tember
Address Check box if reporting new address	Date of Friday in I	he 1000	Homber	
1.0.80x 3507/10		week for which the report is filed.		2)(C)
Dimingsom AL 35730_ 205919	umber 202	Total Number of Pages in Report		2
Summary of activity since last filed report				
1 Beginning balance (ending balance from previous filing)			980	51
Cash Contributions				THE STATE OF THE S
2a Itemized cash contributions (total from Form 2)	2a 4800	oope oo		
2b Non-itemized cash contributions	2b 3000	5498	<u>.</u>	
2c Total cash contributions (add lines 2a and 2b)		20	ま139	<u>C</u> e -ss-0-9
In-Kind Contributions				
3a Itemized in-kind contributions (total from Form 3)	3a /X()		-	
3b Non-itemized in-kind contributions	3b XC		=	
3c Total in-kind contributions (add lines 3a and 3b)	3c 🔊 (\$0.00		
Receipts from Other Sources			•	
4a Itemized Receipts from Other Sources (total from Form 4)	4a 47)		
4b Non-itemized Receipts from Other Sources	4b 37 (<u> </u>	
4c Total receipts from other sources (add lines 4a and 4b)		40	AR (-\$0-00
Expenditures	·	<u> </u>		
5a Itemized expenditures (total from Form 5)	5a 1/2 100	00		
5b Non-itemized expenditures	5b 🕸 2	-7		
5c Total expenditures (add lines 5a and 5b)		50	第2,02	\$0.00
Expenditures on Line of Credit				7
6a Itemized expenditures (total from Form 6)	6a MO		• .	
6b Non-itemized expenditures	6b 92 0			
6c Total expenditures on credit (add lines 6a and 6b)	6c M ()	<u>\$0.08</u>		
7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		7	4 355	\$51 00:00
stage, or course to are post or the witosticade offa field fills.	m to and subscrib	bed before me this year <u>2021</u>	711/ My commis	day of sion expires

statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Candidate or Elected Official

Dale

Print Notary's Name

Signature of Notary Public

day of Annell

of the year 60e

FORM REVISED 06.08.2017

County Division Code: AL040 Inst. # 2021103633 Pages: 3 of 4

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

When total expe	nditures to a single recipient exceed \$100.	00, 1	he (FCP	A re	quir	es a	ell e	хреі	ıditu	res to that recip	ient be itemize	d.
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)											
		Administrative		Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr)	AMOUNT OF EXPENDITURE
mismo	2906 M Strest. Durite 106 Jockson, ms											9/1/21	\$200
Denard Jones	Birmingnam AL										0)	9/3/21	\$150
													,
													.
	.=												
													,
W REVISED 9,2,2011	TOTAL EXPENDITURES THIS PAGE							PAGE	\$20QQ				



20211004000483740 3/4 \$.00 Shelby Cnty Judge of Probate, AL 10/04/2021 03:35:00 PM FILED/CERT 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 853333rd Avesouth Birmyram, Husszu Deanna Reed 口四口口口(3)21 400 TOTAL CASH CONTRIBUTIONS THIS PAGE



20211004000483740 4/4 \$.00 Shelby Cnty Judge of Probate, AL 10/04/2021 03:35:00 PM FILED/CERT