

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY



20211019000506550 1/6 \$.00
Shelby Cnty Judge of Probate, AL
10/19/2021 08:35:24 AM FILED/CERT

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation		
LaTonya A Tate	Democrat		
Office Sought or Held (include district or circuit number, if applicable)			
Birmingham City Council District 9			
Address <input type="checkbox"/> Check box if reporting new address			
2012 26th Avenue North			
City	State	ZIP Code	Telephone Number
Birmingham	Al	35234	

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ Amended Weekly

For Monthly Reports
Month for which the
report is filed.

~~August~~ Sept

For Weekly Reports
Date of Friday in the
week for which the
report is filed.

9/10/2021

Total Number of
Pages in Report

6

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$3,013.12
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b	\$151.59	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$151.59	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	\$0.00	
3b	Non-itemized in-kind contributions	3b	\$0.00	
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		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	\$0.00	
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a		
6b	Non-itemized expenditures	6b		
6c	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.00	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	\$3,164.71	

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: LaTonya A Tate
Signature of Notary Public: Tim Mitchell
NOTARY PUBLIC
STATE OF ALABAMA
COMM. EXPIRES 11-2023

FORM REVISED 08.08.2017

Sworn to and subscribed before me this 4th day of October of the year 2021. My commission expires the 11th day of September of the year 2023.

Signature of Notary Public

Print Notary's Name



NAME OF CANDIDATE OR ELECTED OFFICIAL: LaTonya A Tate

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)						DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned			
		TOTAL CASH CONTRIBUTIONS THIS PAGE							\$0.00

FORM REVISED 10.27.2011

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.

FORM REVISED 10.27.2011



20211019000506550 3/6 \$.00
Shelby Cnty Judge of Probate, AL
10/19/2021 08:35:24 AM FILED/CERT

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: LaTonya A Tate

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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)						DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
FORM REVISED 10.27.2011		TOTAL RECEIPTS THIS PAGE											\$0.00



20211019000506550 4/6 \$.00
 Shelby Cnty Judge of Probate, AL
 10/19/2021 08:35:24 AM FILED/CERT

FORM REVISED 5.19.2017

TOTAL EXPENDITURES THIS PAGE

\$ 0.00



20211019000506550 6/6 \$.00
Shelby Cnty Judge of Probate, AL
10/19/2021 08:35:24 AM FILED/CERT