County Division Code: AL040 Inst. # 2021115094 Pages: 1 of 6 I certify this instrument filed on: 10/4/2021 2:02 PM

Doc: ELCAPRE Judge of Probate Jefferson County, AL

Clerk: NICOLE

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report

B SUMMART FURM I	
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 Check box if reporting new address	
2012 26th Avenue North	

f	ntita-cutter-

THIS AREA FOR OFFICIAL USE ONLY



20211019000506570 1/6 \$.00 Shelby Cnty Judge of Probate, AL 10/19/2021 08:35:26 AM FILED/CERT

SUMMARY FORM 1		Type of Repor	t (check	one)			
Please Print In Ink or Type.		Mon	thly	Amended Monthly			
	/Ballot Affiliation		•	Amended Weekly			
aTonya A Tate Democrat	t	For Monthly R Month for which	-	August			
office Sought or Held (include district or circuit number, if applicable)		report is filed.					
irmingham City Council District 9  ddress	<del></del>	For Weekly Re Date of Friday	-				
012 26th Avenue North		week for which report is filed.		8/25/2021			
State ZIP Code Telephone Nu	impet	Total Number		6			
irmingham Al 35234		Pages in Repo	or <b>t</b>				
Summary of activity since last filed report							
Beginning balance (ending balance from previous filing)			1	\$2,705.32			
Cash Contributions							
a Itemized cash contributions (total from Form 2)	2a	\$308.00	3 3 3 3 3 3 3 3 3				
Non-itemized cash contributions	2b	\$0.00					
C Total cash contributions (add lines 2a and 2b)			2c	\$308.00			
In-Kind Contributions			3 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (				
a Itemized in-kind contributions (total from Form 3)	3a	\$0.00	در د	and the state of t			
Non-itemized in-kind contributions	3b	\$0.00	4.4				
C Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00					
Receipts from Other Sources							
ltemized Receipts from Other Sources (total from Form 4)	4a						
Non-itemized Receipts from Other Sources	4b		7.9 Ç4.				
C Total receipts from other sources (add lines 4a and 4b)			4c	\$0.00			
Expenditures			17.0 mg				
a Itemized expenditures (total from Form 5)	5a	· · · · · · · · · · · · · · · · · · ·	4.61				
Non-itemized expenditures	5b		200				
Total expenditures (add lines 5a and 5b)			5c	\$0.00			
Expenditures on Line of Credit							
a Itemized expenditures (total from Form 6)	6a	<u> </u>					
Non-itemized expenditures	6b		10 A				
	6c	\$0.00					
C Total expenditures on credit (add lines 6a and 6b)		and the second second					

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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 times MITCHELL
NOTARY (PIRTIES)
STATE DE ALABERTA
Signature of Candidate of Elected Official COMM. EXP. D89-11L2023
- Management - Man
FORM REVISED 08.08/2017

Sworn to and subscribed before me this _		aay or
October of the year 2021	My co	mmission expires
the 11 th day of Sphere of t	he year	2023
Hutul	•	
Signature of Notary Public		
Print Notary's Name		

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#### 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: LaTonya A Tate



	DO NOT LIST in-kind contributions or loans on this form. Use Forms		S F CO	OUR	CE BUT	ION		
(INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or	Ť		Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
Eva Kendrick	859 Oak Grove Road Birmingham, AL 35205		~				8/25/2021	\$100.00
Desmond Meade	4081 LB McLeod Road Orlando, FL 32811		~				8/25/2021	\$208.00
FORM REVISED 10.27.2011	TOTAL CASH C	ONTR	BU	TIO	NS	TH	IS PAGE	\$308.00



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: LaTonya A Tate

When total	contributions from a single source exceed \$100.0  DO NOT LIST cash or loans on this	0, th	e FC m. L	SPA	requ orm	ires a s 2 a	all co and 4	ontrib 4 for	utior thos	ns fro e list	m th lings	at so	ource	e to be itemized.	
		NATURE OF CONTRIBUTION SOURCE (CHECK ONE)													
(INCLUDE FULL NAME)	(INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
				,											
			٠												
FORM REVISED 10.27.2011		TC	)TA	L II	N-K	INE	) C	ON.	TRI	BU.	ΠΟ	NS	TH	IS PAGE	\$0.00



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## FORM 4: Receipts from Other Sources loans, interest, and other sources of income



NAME OF CANDIDATE OR ELECTED OFFICIAL: LaTonya A Tate

When total con	ntributions from a single source of <b>DO NOT LIST</b> cash or in-king	exce	ed \$ ntrib	100. utior	00, the FCPA requires all contributions from the contribution of t	m tha se list	t sou lings	irce :	to be	iter	nized.	
OOLIDOE OF DECEIDE	i	FORM COMPLETE THIS BLOCK IF RECEIPT IS A LOAN		RI	CEII (CH	PT SCECK (		CE		ABAOLINIT		
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
FORM REVISED 10.27.2011					TOTAL REC	EIP	TS '	THI	S P	AG	E	\$0.00



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#### FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: LaTonya A Tate



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 Advertising
Consultants/
Politing
Contribution
Food
Food
Food
Repayment
Repayment
Loan
Lodging (ADDRESS SHOULD INCLUDE OF EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) **EXPENDITURE** GIVE (INCLUDE FULL NAME) BRIEF **EXPLANATION** TOTAL EXPENDITURES THIS PAGE \$0.00 FORM REVISED 10.27.2011



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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: LaTonya A Tate



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 **AMOUNT ADDRESS** DATE OF OTHER (ADDRESS SHOULD INCLUDE OF EXPENDITURE RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) EXPENDITURE GIVE (INCLUDE FULL NAME) BRIEF **EXPLANATION** TOTAL EXPENDITURES THIS PAGE \$ 0.00 FORM REVISED 5.19.2017



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