

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

20220316000108510 1/6 \$ .00  
Shelby Cnty Judge of Probate, AL  
03/16/2022 12:00:13 PM FILED/CERT

County Division Code: AL040  
Inst. # 2022018313 Pages: 1 of 6  
I certify this instrument filed on  
2/16/2022 10:11 AM Doc: ELCAPRE  
Judge of Probate  
Jefferson County, AL.

Clerk: WORTHYV

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official <u>Lisa Bright</u>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <u>Missville City Council</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>P.O. Box 114</u>			
City <u>Missville</u>	State <u>AL</u>	ZIP Code <u>35713</u>	Telephone Number <u>205 908 8000</u>

Type of Report (check one)

- ☐ Monthly ☐ Amended Monthly  
☐ Weekly ☐ Amended Weekly

For Monthly Reports  
Month for which the  
report is filed.

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

Total Number of  
Pages in Report

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<u>114.20</u>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c		<u>0.00</u>
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		<u>0.00</u>
<b>Receipts from Other Sources</b>				
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		<u>0.00</u>
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		<u>0.00</u>
<b>Expenditures on Line of Credit</b>				
6a	Itemized expenditures (total from Form 6)	6a		
6b	Non-itemized expenditures	6b		
6c	Total expenditures on credit (add lines 6a and 6b)	6c		<u>0.00</u>
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 6c)	7		<u>114.20</u>

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

Date

Sworn to and subscribed before me this 15<sup>th</sup> day of Feb of the year 2022. My commission expires the 16<sup>th</sup> day of July of the year 2022.

Signature of Notary Public

Print Notary's Name

Windsor

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.

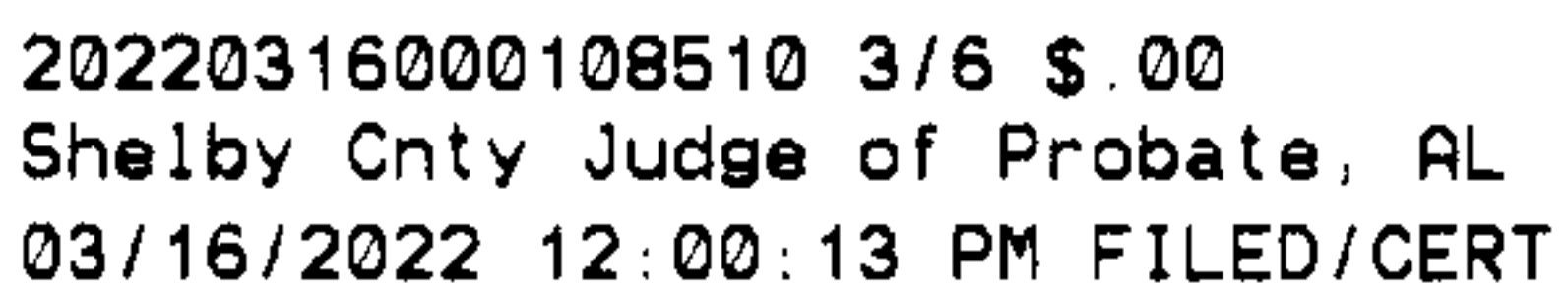
**DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

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		
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>								\$0.00

20220316000108510 2/6 \$.00  
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FORM REVISED 10.27.2011





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

15/11/2014



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.

[illegible]

## NAME OF CANDIDATE OR ELECTED OFFICIAL:

**DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.**

[illegible]



**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)**

**DATE OF  
EXPENDITURE**  
(mo./day/yr.)

**AMOUNT  
OF  
EXPENDITURE**

20220316000108510 5/6 \$.00  
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[illegible]

**FORM REVISED 10.27.2011**

**TOTAL EXPENDITURES THIS PAGE**

**\$0.00**



10

FILED

Recipient exceed \$100.00, then

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)									DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest		
ADA												
<b>TOTAL EXPENDITURES THIS PAGE</b>												\$ 0.00

20220316000108510 6/6 \$.00  
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**FORM REVISED 5.19.2017**

**TOTAL EXPENDITURES THIS PAGE**

\$500.00