



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

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PROBATE COURT

FEB 20 2024

JAMES P. NAFTEL, II  
Judge of ProbateCounty Division Code: AL040  
Inst. # 2024014232 Pages: 1 of 6  
I certify this instrument filed on  
2/20/2024 10:17 AM Doc: ELANN  
Judge of Probate  
Jefferson County, AL.

Clerk: DCBHAM

Please Print in Ink or Type.

EOD

|                                                                                                                 |                                                   |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Name of Candidate or Elected Official<br><u>James Clark Davis</u>                                               | Political Party/Ballot Affiliation<br><u>None</u> | Calendar Year<br>covered by this report.<br><u>2023</u>                                       |
| Office Sought or Held (include district or circuit number, if applicable)<br><u>Mayor - City of Gaylesville</u> |                                                   | <input type="checkbox"/> Amended Annual Report<br><input type="checkbox"/> Termination Report |
| Address <input type="checkbox"/> Check box if reporting new address<br><u>617 2nd St. S.E.</u>                  |                                                   |                                                                                               |
| City<br><u>Gaylesville, AL</u>                                                                                  | State<br><u>AL</u>                                | ZIP Code<br><u>35073</u>                                                                      |
| Telephone Number<br><u>205-837-5313</u>                                                                         |                                                   | Total Pages in Report<br>Include this page in<br>your count.                                  |

## SECTION I - Summary of activity from last filed report through December 31 of reporting year

|                                       |                                                                |    |   |                |
|---------------------------------------|----------------------------------------------------------------|----|---|----------------|
| 1                                     | Beginning balance (ending balance from previous filing)        |    | 1 | <u>3096.41</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                                    | Total itemized receipts from other sources (total from Form 4) | 4a |   |                |
| 4b                                    | Total 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 on line of credit (total from Form 6)    | 6a |   |                |
| 6b                                    | Non-itemized expenditures                                      | 6b |   |                |
| 6c                                    | Total expenditures on line of credit (add lines 6a and 6b)     | 6c |   | <u>\$0.00</u>  |
| 7                                     | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)  | 7  |   | <u>3096.41</u> |

## SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

|    |                                                              |    |                |
|----|--------------------------------------------------------------|----|----------------|
| 8  | Beginning balance (as of January 1 of reporting year)        | 8  | <u>3096.41</u> |
| 9  | Total cash contributions for year                            | 9  |                |
| 10 | Total in-kind contributions for year                         | 10 |                |
| 11 | Total receipts from other sources for year                   | 11 |                |
| 12 | Total expenditures for year                                  | 12 |                |
| 13 | Total expenditures on line of credit for year                | 13 |                |
| 14 | Ending balance (add lines 8, 9, & 11, then subtract line 12) | 14 | <u>3096.41</u> |
| 15 | Total campaign debt (total debt owed as of December 31)      | 15 |                |

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.

Sworn to and subscribed before me this 15th day of Feb of the year 2024. My commission expires the 16th day of Jan of the year 2025.Signature of Notary Public  
Kathy R. DumasPrint Notary's Name  
Kathy R. DumasSignature of Candidate or Elected Official  
James Clark DavisDate  
1/31/24



James Clark Davis

PAGE 1 OF 1

**The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.**

[illegible]



8.175

1 OF 1

**The FCPA requires that those contributions greater than \$100 be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.**

[illegible]



PAGE 7 OF 11

**AMOUNT  
OF  
RECEIPT**





FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: Timothy C. Clark Attorney PAGE 1 OF 1

The FCRA requires that expenditures over \$100 be itemized.

| PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME)                                                | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |              |      |             |                   |         |                | DATE OF EXPENDITURE<br>(mo./day/yr.) | AMOUNT OF EXPENDITURE |                                       |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|--------------|------|-------------|-------------------|---------|----------------|--------------------------------------|-----------------------|---------------------------------------|
|                                                                                                                   |                                                                              | Administrative                        | Advertising | Consultants/<br>Polling | Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation |                                      |                       | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |
| <div>20240223000047620 5/6 \$.00<br/>Shelby Cnty Judge of Probate, AL<br/>02/23/2024 01:24:46 PM FILED/CERT</div> |                                                                              |                                       |             |                         |              |      |             |                   |         |                |                                      |                       |                                       |
|                                                                                                                   |                                                                              |                                       |             |                         |              |      |             |                   |         |                |                                      |                       |                                       |
|                                                                                                                   |                                                                              |                                       |             |                         |              |      |             |                   |         |                |                                      |                       |                                       |
|                                                                                                                   |                                                                              |                                       |             |                         |              |      |             |                   |         |                |                                      |                       |                                       |
|                                                                                                                   |                                                                              |                                       |             |                         |              |      |             |                   |         |                |                                      |                       |                                       |
|                                                                                                                   |                                                                              |                                       |             |                         |              |      |             |                   |         |                |                                      |                       |                                       |
|                                                                                                                   |                                                                              |                                       |             |                         |              |      |             |                   |         |                |                                      |                       |                                       |
|                                                                                                                   |                                                                              |                                       |             |                         |              |      |             |                   |         |                |                                      |                       |                                       |
|                                                                                                                   |                                                                              |                                       |             |                         |              |      |             |                   |         |                |                                      |                       |                                       |
|                                                                                                                   |                                                                              |                                       |             |                         |              |      |             |                   |         |                |                                      |                       |                                       |
| TOTAL EXPENDITURES THIS PAGE                                                                                      |                                                                              |                                       |             |                         |              |      |             |                   |         |                |                                      | \$0.00                |                                       |



THOMAS C. LITTLE DAVIS



**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

20240223000047620 6/6 \$.00  
Shelby Cnty Judge of Probate, AL  
02/23/2024 01:24:46 PM FILED/CERT

**FORM REVISED 5.19.2017**

TOTAL EXPENDITURES THIS PAGE

50.00