FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

FILED

Candidate & Elected Official Campaign Finance Report

AUG 0 3 2020

SUMMARY FORM 1 Please Print in Ink or Type.		SCOTT W Type of RHHDGERG Monthly	/. HASSELL PPROBATE Amended Monthly
Name of Candidate or Elected Official An i + a 13 ed w 11 Office Sought or Held (include district or circuit number if applicable)	Party/Ballot Affiliation	Weekly For Monthly Reports Month for which the report is filed.	Amended Weekly
Address Check box if reporting new address 1022 BriarCl: H RoacL City State ZIP Code Telephor	ne Number 312 3470	For Weekly Reports Date of Friday in the week for which the report is filed. Total Number of	July 31, 2020
Summary of activity since last filed report		Pages in Report	
1 Beginning balance (ending balance from previous filing	g)	1	•
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a 50	xO.	
2b Non-itemized cash contributions	2b 3 CC) <u>.</u>	
2c Total cash contributions (add lines 2a and 2b)		2c	800.
In-Kind Contributions			
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	\$0.00	
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from Form	4) 4a 200	_	
4b Non-itemized Receipts from Other Sources	4b	•	
4c Total receipts from other sources (add lines 4a and 4b)		4c	200.
Expenditures			200.
Tall Itemized expenditures (total from Form 5)	5a 71c	3-95	
Non-itemized expenditures	5b	15	
Total expenditures (add lines 5a and 5b)		5c	763.95
Expenditures on Line of Credit			10000
Sa Itemized expenditures (total from Form 6)	6a		
Non-itemized expenditures	6b		
Total expenditures on credit (add lines 6a and 6b)	6c	\$0.00	
7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5		7	236.05
ttached report(s) and the information contained herein are ue and correct and that this information is a full and complete atement of all contributions, expenditures, and other required formation during the applicable period of time.	day of the day of the day of the day of the day of Motary Pub	of April of the	day of My commission expires year 202

Print Notary's Name

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

FORM 2: Contributions received by 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. NAME OF CANDIDATE OR ELECTED OFFICIAL: Anda Bedwell

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

CONTRIBUTION છ **AMOUNT** 38 CONTRIBUTION and mu RECEIVED (mo./day/yr.) TOTAL CASH CONTRIBUTIONS THIS PAGE Returned OF CONTRIBUTION (CHECK ONE) Other PAC Individual Corporation Business or POBOR 12326 Bringlan AL 35202 (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) ADDRESS The Connitre for Governut (INCLUDE FULL NAME) CONTRIBUTOR FORM REVISED 10.27.2011

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

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: Anita Bedwell

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.

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CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (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
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FORM REVISED 10.27.2011		T)TC	AL I	N-K	(INE) C	ON	TR	BU	TIO	NS	ТН	IIS PAGE	\$0.00

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: Anda

Bedwell

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.



3000 RECEIPT 2000 **AMOUNT** RECEIVED (mo./day/yr.) 2/2/20 DATE TOTAL RECEIPTS THIS PAGE Other RECEIPT SOURCE (CHECK ONE) ssenisua Individual DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. PAC Lending Institution COMPLETE THIS BLOCK IF RECEIPT PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOANJ IFCPA REQUIRES FULL NAME AND COM GUARANTORS IS A LOAN FORM OF RECEIPT 7 Other rogu interest 10 22 13 roud/ARJ RBC 3546 (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **ADDRESS** Jeff + An la Be dwell SOURCE OF RECEIPT (INCLUDE FULL NAME) FORM REVISED 10.27.2011

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

FORM 5: Expenditures by candidate or elected official NAME OF CANDIDATE OR ELECTED OFFICIAL: Anita Beawell



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
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FORM REVISED 10.27.2011			1		Т	ОТ	AL	EX	PEN	IDI	TURES THIS	PAGE	\$0.00

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

FORM 6: Expenditures On Line of Credit by candidate or elected official 15edwell



NAME OF CANDIDATE OR ELECTED OFFICIAL:_ When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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\$ 0.00	PAGE	TOTAL EXPENDITURES THIS PAGE	END	Χ̈́Р	É	710	-					
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EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Interest	Transportation	Lodging	Food Fundraising	Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		ñ	PURPOSE OF EXPENDITURE (CHECK ONE)	ONE)	HE SE	3SO	PURI		1	ŀ		
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