



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY

FILED

JAN 27 2023

SCOTT W. HASSELL
JUDGE OF PROBATE

**Waiver of Report
FOR CANDIDATES
(OPTIONAL FORM)**

Please Print in Ink or Type.

Name of Candidate ANTHONY E. CYLAR		Political Party/Ballot Affiliation DEMOCRAT		Type of Report (check one) <input type="checkbox"/> Monthly Report Month in which the report is filed. <input type="checkbox"/> Weekly Report Date of Friday in the week in which the report is filed. <input checked="" type="checkbox"/> Annual Report Calendar year covered by this report.
Office Sought (include district or circuit number, if applicable) COUNCILMAN DISTRICT #2				
Address <input type="checkbox"/> Check box if reporting new address 813 4TH ST NW				
City ATTALLA	State AL	ZIP Code 35954	Telephone Number 256-312-5652	


This form is not for use by principal campaign committees for elected, public officials.


In any reporting period, no campaign finance report is required if the appropriate filing threshold has not been reached by the candidate. The filing thresholds are as follows:

- ▶ \$25,000 - candidates for state offices
- ▶ \$10,000 - candidates for State Senate
- ▶ \$5,000 - candidates for State House of Representatives
- ▶ \$5,000 - candidates for district or circuit offices
- ▶ \$1,000 - candidates for local offices

I have not reached the filing threshold amount as set forth in the Fair Campaign Practices Act for the office for which I am seeking nomination or election.

This **OPTIONAL** form gives notice that no contribution or expenditure report will be submitted.

Signature of Candidate: 
 Date: **1-26-23**


6-20-25



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Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

Please Print in Ink or Type.

Name of Candidate or Elected Official ANTHONY E. CYLAR		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) COUNCILMAN DISTRICT 11			
Address <input type="checkbox"/> Check box if reporting new address 813 YALIST NW			
City ATLANTA	State AL	ZIP Code 35954	Telephone Number 256-312-5652

Calendar Year covered by this report.

2022

- Amended Annual Report
 Termination Report

Total Pages in Report Include this page in 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	
Cash Contributions				
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	\$0.00
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	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	\$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 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		\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		7	\$0.00

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	
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	\$0.00
15	Total campaign debt (total debt owed as of December 31)	15		

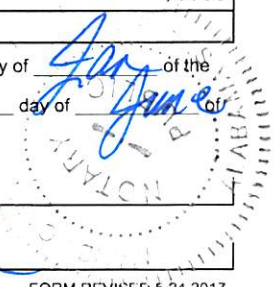
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Candidate or Elected Official

Date **1-27-23**

Sworn to and subscribed before me this **27** day of **Jan** of the year **2023**. My commission expires the **20** day of **June** of the year **2025**

Signature of Notary Public
Print Notary's Name **Mandy Cash**



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JUDGE OF PROBATE
SCOTT W. HARRIS

