



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED
SEP 08 2020

SCOTT W. HASSELL
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Bernice J. Whiteside</i>		Political Party/Ballot Affiliation <i>Democrat</i>	
Office Sought or Held (include district or circuit number, if applicable) <i>City Council</i>			
Address <input checked="" type="checkbox"/> Check box if reporting new address <i>1185 Duck Springs RD</i>			
City <i>Ridgeville</i>	State <i>AL</i>	ZIP Code <i>35954</i>	Telephone Number <i>2565385898</i>

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

<i>7</i>

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>-0-</i>	
Cash Contributions					
2a	Itemized cash contributions (total from Form 2)	2a	<i>-0-</i>		
2b	Non-itemized cash contributions	2b	<i>-0-</i>		
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>-0-</i>	\$0.00	
In-Kind Contributions					
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>None</i>		
3b	Non-itemized in-kind contributions	3b	<i>None</i>		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>None</i>	\$0.00	
Receipts from Other Sources					
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>-0-</i>		
4b	Non-itemized Receipts from Other Sources	4b	<i>-0-</i>		
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<i>-0-</i>	\$0.00	
Expenditures					
5a	Itemized expenditures (total from Form 5)	5a	<i>-0-</i>		
5b	Non-itemized expenditures	5b	<i>-0-</i>		
5c	Total expenditures (add lines 5a and 5b)	5c	<i>-0-</i>	\$0.00	
Expenditures on Line of Credit					
6a	Itemized expenditures (total from Form 6)	6a	<i>-0-</i>		
6b	Non-itemized expenditures	6b	<i>-0-</i>		
6c	Total expenditures on credit (add lines 6a and 6b)	6c	<i>-0-</i>	\$0.00	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<i>-0-</i>	\$0.00	

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.

Bernice J. Whiteside
Name of Candidate or Elected Official
7-20-20
Date

Sworn to and subscribed before me this *20th* day of *August* of the year *2020*. My commission expires the *24th* day of *March* of the year *2021*.

G Maxwell
Signature of Notary Public
Serard Maxwell
Print Notary's Name

Handwritten text, possibly a list or notes, oriented vertically. The text is written in a cursive or shorthand style and appears to be a list of items or names. The characters are difficult to decipher due to the handwriting and angle, but some words like "Handwritten", "List", and "Notes" might be discernible. The text is located in the lower-left quadrant of the page.



Appointment of Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate <i>Bernice Whiteside</i>			
Office Sought (include district or circuit number, if applicable) <i>City Council</i>		Political Party / Ballot Affiliation	
Address of the Committee (street or post office box) <i>1185 Duck Springs RD.</i>			
City <i>Ridgerville</i>	State <i>AL</i>	ZIP Code <i>35454</i>	Telephone Number <i>2565385898</i>

This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an independent candidate.

Type of Committee (check one)

- I appoint myself as the sole member of my principal campaign committee.
- I hereby appoint the individuals listed below to act as my principal campaign committee.

If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to five members. One member should be designated as the chairperson of the committee. A second member should be designated as the treasurer. Please clearly print their names and addresses in the spaces below. Each appointee must sign his or her name.

Candidates who choose to be the sole member of their principal campaign committee must choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

Chairperson			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Treasurer	
Full Name	Email Address
Address (street or post office box)	
City	State ZIP Code
Signature of Appointee	

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Dissolution Designee	
Full Name	Email Address
Address (street or post office box)	
City	State ZIP Code
Signature of Appointee	

Where to file this form ...

- State candidates file with the Office of the Secretary of State.*
- * Candidates must file electronically at alabamavotes.gov
- Local candidates file with the county judge of probate.
- Candidates who do not establish electronic filing. To register, visit fcpa.alabamavotes.gov and click "Registration."

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the information contained herein is true and correct.

Signature of elected official or candidate

Handwritten text, possibly a signature or date, including the number 5051.



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: Benicey Whiteside

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		
							TOTAL CASH CONTRIBUTIONS THIS PAGE	
							\$0.00	



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

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

Bernie Q. White Sr

NAME OF CANDIDATE OR ELECTED OFFICIAL: Bernie Q. White Sr

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.**

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)											DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
		SOURCE (CHECK ONE)													
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC			Other
<i>NA</i>															
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														\$0.00	

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: *Bernice J. Whitede*

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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
<i>NA</i>													
TOTAL RECEIPTS 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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Berwick J. Whitehouse

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

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
ADP													
TOTAL EXPENDITURES THIS PAGE												\$ 0.00	