FILED

AUG 2 8 2020

SCOTT W. HASSELL

NOTARY PUBLIC STATE OF ALABAMA COMM. EXP. 02-24-2023

Type of Report GECOTH ROBATE

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

	Please Print in Ink or Type.			IVIOIT	uny	Amended Monthly
Nar	me of Candidate or Elected Official Political Party/	Ballot	Affiliation	Wee	kly	Amended Weekly
C	ODY RAMPEY			For Monthly R Month for which		
Offi	ice Sought or Held (include district or circuit number, if applicable)			report is filed.		
6	LENCOE Ci`) Y COUNCIL PLACE ₱5 Check box if reporting new address			For Weekly Re		2 2
1				week for which		8-28-2020
City	State ZIP Code Telephone Nui	mber		report is filed.	o f	
6	LENCOE AL 35905 256-438	-15	46	Total Number Pages in Repo		
S	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)				1	0.00
	Cash Contributions	_			1	
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					
За	Itemized in-kind contributions (total from Form 3)	За				
3b	Non-itemized in-kind contributions	3b				
Зс	Total in-kind contributions (add lines 3a and 3b)	Зс		\$0.00		
	Receipts from Other Sources	\Box			ı	
4a	Itemized Receipts from Other Sources (total from Form 4)	4a			ĺ	
4b	Non-itemized Receipts from Other Sources	4b				
4c	Total receipts from other sources (add lines 4a and 4b)				4c	\$0.00
-	Expenditures				101	al. 40* 20*
5a	Itemized expenditures (total from Form 5)	5a]	
5b	Non-itemized expenditures	5b				
5c	Total expenditures (add lines 5a and 5b)	0.0			5c	\$0.00
	Expenditures on Line of Credit	1				73.00
6a	Itemized expenditures (total from Form 6)	6a]	
6b	Non-itemized expenditures	6b				
6c	Total expenditures on credit (add lines 6a and 6b)	6c		4.00		
7		00		\$0.00	7	0.00
	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				7	
	equired by the Alabama Fair Campaign Practices Act, I hereby	rn tc	and subsci	ibed before me	this	ag day of
	ear or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are			e year 202		My commission expires
true	and correct and that this information is a full and complete	2	i		· · · · · · ·	C) 2
	ement of all contributions, expenditures, and other required the _ rmation during the applicable period of time.	0	day	or relative	And the	TIFFANY BELYEU
		40	2 1 1	1 / 1/100	- N	

Print Notary's Name