FORM REVISED 06.06.2017



Candidate & Elected Official Campaign Finance Report **SUMMARY FORM 1**

FILED

AUG 2 2 2022

Š							MASSELL OF PROBATE Monthly
Nar	Please Print In Ink or Type. me of Candidate or Elected Official	Political Party/	Ballot	Affiliation	X' We	ekly	Amended Weekly
	Craic Ford	NIA			For Monthly Month for whi		ts
Offi	ice Sought or Held (include district or circuit number, if applicable)				report is filed.	GI UIG	
	mayor (Gadsden				For Weekly F		7 1 11 - 17
Add	dress Check box if reporting new address				Date of Friday week for which		8-22-32
City	P.O. BOX 208	Telephone Nur	nber		report is filed.		0-000
Oily	2 :	256 3		900A	Total Numbe Pages in Rep		
	000000000000000000000000000000000000000	-		-			
S	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous	us filing)				1	47,20822
	Cash Contributions			10 mar (10 m)		_	
2a	Itemized cash contributions (total from Form 2)		2a	61	275		
2b	Non-itemized cash contributions		2b	Q	6		
2c	Total cash contributions (add lines 2a and 2b)					2c	6,27500
	In-Kind Contributions						
За	Itemized in-kind contributions (total from Form 3	3)	За	9			
3b	Non-itemized in-kind contributions	- 14-man - 1	3b	9			
3с	Total in-kind contributions (add lines 3a and 3b)	THE PROPERTY OF THE PROPERTY O	3с	d		1	
	Receipts from Other Sources						
4a	Itemized Receipts from Other Sources (total from	n Form 4)	4a	10	E 000		
4b	Non-itemized Receipts from Other Sources		4b	Q			
4c	Total receipts from other sources (add lines 4a a	and 4b)				4c	100,000
	Expenditures						
5a	Iternized expenditures (total from Form 5)		5a	10,6	2841		
5b	Non-itemized expenditures		5b	, (7		1,-7
5c	Total expenditures (add lines 5a and 5b)				,	5c	10,628
	Expenditures on Line of Credit					_	
6a	Itemized expenditures (total from Form 6)		6a	1	7		
6b	Non-itemized expenditures		6b	3	~		
6с	Total expenditures on credit (add lines 6a and 6	6b)	6c	(0/ .		
7	Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)				7	142 85475
swe atta true state info	equired by the Alabama Fair Campaign Practices Act, I here for or affirm to the best of my knowledge and belief that ched report(s) and the information contained herein and correct and that this information is a full and complement of all contributions, expenditures, and other requiremation during the applicable period of time.	the are ete red the	3	est of	scribed before m the year 200 by of 100	23	day of
Sign	natyre of Candidate or Elected Official Date		161	ml	Deny	TOL	wara

Print Notary's Name

FORM 2: Contributions received by candidate or elected official



NAME OF 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.

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

		OF	CO	OURO NTRII ECK (3UTI	ON		
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
Dr+Mrs. Kuman Mishra	145 River Brow Drive Badsden, AL 35901		χ				3-18-2	1,000
Mrs. Jack: c Compbell	103 River Point Drive Rednbour Cite, AL 35906		Х				8-16-22	- 100
John + Kathryn Degger	2417 Scenic Drive		χ				8-15-22	75
Northeast Alchema Labor Come	P.O. Box 8916				X		8-19-27	003
I Page Solutions	P.O. Gox 258819 Oklahome City, OV 73125	X					8-17-22),000 "
Gren Roberts	406 Free school Lame User West FL 33040		L				8-17-23	2,500
George Sheht & Susan	149 River Brow Priver Gazsden, 194 35907		X				8-17-22	500
Jean Hall	3757 Duck Springs RE Attella. AL. 35954		λ				8-17-12	२००
Rhea Boy & Rhea AHE	930 Forest Am Galaden, DL 35901	X					8-18-2	2400
FORM REVISED 10.27.2011	TOTAL CASH CON	TR	IBU	TIC	NS	TH	HIS PAGE	6,275

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: (200) To: ~

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.

	The state of the s								200	1	2000		STATE OF THE PARTY		
\$0.00	NTRIBUTIONS THIS PAGE	7	Ž	T	BU	Z	Š	0	TOTAL IN-KIND COI	Ī	2	770	_		FORM REVISED 10.27.2011
													\ \	H) (V	
AMOUNT GF CONTRIBUTION	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Equipment	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		Ξ.	X CH	SOURCE (CHECK ONE)	6		NATURE OF CONTRIBUTION (CHECK ONE)	₩ R B	ENO X	보다.	Ä	F.			
			•	wose isungs.	100	מנוט		50	376	2	9		3	CO IVOI Casil Of Dails Off this Casil 4 Id	

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

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	WENT TO SERVICE STATE OF THE PARTY OF THE PA

5	When total	contributions from a single source DO NOT LIST cash or in-k	exce	ed\$	100.	00, the FCPA requires all contributions from ns on this form. Use Forms 2 and 3 for thos	n tha se list	t sou lings	rce to	be	iten	nized.	
•			Τ,	FORN	,	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	T	ECEU	PT SO ECK OI		CE		
	SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individuai	Business	Other	DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
The Excl	Name Birdiof Alaborana	230 N 3rd St. Gads & Con, Al 35501		ኦ		Jon Craig Ford P.O. Box 8208 Galszon, AL 35902			λ			७ -३३-३३	100,000
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	***************************************				_				-				
3													
•	FORM REVISED 10.27.2011					TOTAL REC	EIP	TS	THI	S F	PAG)E	

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _______ Cana For



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

					PL	RPO		OF EX		DITU	RE		
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
Messenger Nowslaper	1957 Reinbow Drive Gads 2 CM, AL 35901		X									8 16-22	A∞``
Pachron Metig	8893 LS HWY 411 Gadeden, AL 3590] P.O. BOX 54054		X									8.18-22	1,9437
ester Image	6'han, AL 35259			X								8-19-22	3 , 400
nje aub	5940 Trusseille Crossings B'nom, Al 35235	×	Х			χ						8-20-2	² 1,963
stoon Sizzlins	Racabon City, AL 35706					X						8-17-22	· (e) 9
ollow General	HOIO Rainbow Dr. Rainbow City, AL357 1205 W Meighan Block	20										8-18-2	1018
irele U	Galslen AL 35901									入		8-19-22	
retis	1617 (2 cinbon Dr. Galslan, AL 35901 1747 Rel abono Prins		_			X						8-50.59	
cirele K	Batstern AL 35901									K		8-212	2 85
FORM REVISED 10.27.2011					T	OTA	AL I	EXF	ĖN	DIT	URES THIS	PAGE	6, 9469

FORM 5: Expenditures by candidate or elected official

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.

					Pl	JRPO		F EX		DITU	RE		
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
Jixia Dixic	Rothbow City AL3890 2501 Each Fifth St.	ie				×						8-19-22	_ 77 ^U
vinn Dixic valver 360 Balantic ICE much Baptist			X									8-19-20	31894
3 relatic Ice	715 Gilberts Formy RL Attable, AL 35954 221 N 27 TO St.				X	X						8-20-2	-31894 -300° -120°
auch Buptist	221 N 27 TO St. Godsten, A 35901				又							8-90-3	120"
FORM REVISED 10.27.2011		-	-		T	OT	AL I	EXF	PEN	IDIT	TURES THIS	PAGE	3,68153

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

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.

FORM REVISED 5.19.2017					·		PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) STREE	
				NO	7		ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	•
	 ļ						Administrative Advertising	
							Consultants/	1
	 						Polling Charitable Contribution	-
10	 	ļ				 	Contribution	2
TOTAL	 						Food	Pog
	 						Fundraising	1 A B
X							Lodging	P EX
M							Transportation	D B
밀							Interest	PURPOSE OF EXPENDITURE (CHECK ONE)
EXPENDITURES THIS PAGE							OTHER GIVE BRIEF EXPLANATION	70 m
AGE							DATE OF EXPENDITURE (mo./day/yr.)	
							AMOUNT OF EXPENDITURE	