## FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

FORM REVISED 06.06.2017

## Candidate & Elected Official Campaign Finance Report

δ	SUMMARY FORM 1 Please Print in ink or Type.				Type of Repor	thly	Amended Monthly
Na	me of Candidate or Elected Official Political Party.	Ballo	t A	ffiliation	X Wee	kly	Amended Weekly
	Grace Ford NI	P			For Monthly R Month for which		ts
Off	fice Sought or Held (Include district or circuit number, if applicable)				report is filed.	i uic	
	mauss of Galsden				For Weekly Re	•	s 0-5.22 to
Ad	dress Check box if reporting new address P.O. Box 8300	8			Date of Friday week for which report is filed.		9-5-22 to
Cit	State ZIP Code   Telephone Nu	mber	i i		Total Number	of	
(	State ZIP Code Telephone Nu Sacscer AL 35902		_		Pages In Repo	rt	
-			20		WY M 1885 # 3 TO 1	1178	
S	ummary of activity since last filed report	The same of					
1	Beginning balance (ending balance from previous filing)		Ħ		Approximate the second	1	166,19137
	Cash Contributions	2.4 1-4			Fr. St. L.	100	
2a	Itemized cash contributions (total from Form 2)	2a		21,90	<b>10</b>		
2b	Non-itemized cash contributions	2b		Ø		1.0	
2c	Total cash contributions (add lines 2a and 2b)		Į.		199	2c	21,900
	In-Kind Contributions						
3a	Itemized in-kind contributions (total from Form 3)	За		3037	5		
3b	Non-itemized in-kind contributions	3b		58		-	
3c	Total in-kind contributions (add lines 3a and 3b)	3с		303	15	1 1	
	Receipts from Other Sources						** ***
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		0			
4b	Non-itemized Receipts from Other Sources	4b		8			
4c	Total receipts from other sources (add lines 4a and 4b)	7.55	٠.			4c	<u> </u>
	Expenditures		9,		<b>1</b>		
5a	Itemized expenditures (total from Form 5)	5a	1	25,	573.42	₹	•
5b	Non-itemized expenditures	5b		ø			
5c	Total expenditures (add lines 5a and 5b)			,		5c	25,513:42
	Expenditures on Line of Credit	L,	_				
6a	Itemized expenditures (total from Form 6)	6a		Ø			
6b	Non-itemized expenditures	6b		0			
6с	Total expenditures on credit (add lines 6a and 6b)	6с		Ø			
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)					7	162,577
we ttac rue tate	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are and correct and that this information is a full and complete ement of all contributions, expenditures, and other required matical during the applicable period of time.	100 30	0°	be of the day of	2 ta	this _	12th day of  My commission expires the year 2031.
Sign	Signarie of Candidate or Elected Official Date	,		Notary Publi	ita H	C	avd

Print Notary's Name

## FORM 2: Contributions received by candidate or elected official

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DC	NOT LIST in-kind contributions or loans on this form. Use Forms 3 and	14 fc	or the	ose i	isting	<b>3</b> .	a de licilizad.	
CONTRIBUTOR	ADDRESS	OF	co	OUR NTRI ECK (	BUTH	ON		
(INCLUDE FULL NAME)	(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
Alan Howe LLC	1104 Euclid Ave, Mtn. Brook	V						1,000
East Quitman Prop LLC	304 Hwy 90, Unit 8, Waveland, MS	/						1,000
Savah M. Miller	3065 County 12d 22, Centry AL		V	Ł				100
James F. Storey	208 Lakewood De, Gadsden A		V					500
Pat or Kathy Shevill	171 Tammy TV   Gadsden, HL		V					500
Gadsden Finance	104 E. Meighan Blvd, Gadsden							1000
	2508 Buckhaven Dr. Gadsden	1						500
Wilborn orthodonics	1954 RANDOW DR. Gadsden	1						500
David & Cindy Kimberley	1419 Belle Meade Blud, Northand		V	1				250
FORM REVISED 10.27.2011	TOTAL CASH CON	TR	IBL	JTIC	ONS	T	IIS PAGE	5,350

## 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. Lise Forms 3 and 4 for those listings.

CONTRIBUTOR	OO NOT LIST in-kind contributions or loans on this form. Use Forms 3 an	П	CO	OUR	_		DATE	AMOUNT
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned	CONTRIBUTION RECEIVED (mo./day/yr.)	OF CONTRIBUTION
AG PAC	P.O. Box 240 monte oncor AL 36101			人			96-22	1,0,00
I:m Prucnal	P.O. Box 240 Montgowery, AL 36101 35905 1885 Common Gap Rd Godsdem, AV		i				9-7-27	~
ET PAC	P.O. Box 2663 Tuscalosa, Al 3540			χ			9-6-22	5,000
united PAC	P.O. BOX 2663, Tuscalosa, AL 3540	_		<u>&gt;</u>			9-6-22	5,000
DIN PAC	P.U. Box 2663 Tuscaloose AL35403			X			9-6-22	5,000
Palph Burke	P.U. Box 1236 Galadu. AL 3590	4_	)	Ł			9-10-2	250"
FORM REVISED 10.27.2011	TOTAL CASH CON	ITR	IBL	JTIC	ONS	S TI	HIS PAGE	16,55

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_\_\_ Coaia For &

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.

			NAT			ONT! K ON!		TION	1		SOU! CHECK				
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
Nondell Tillman	404 Montgowers Str Gadsten, AL 35901					入								9-10-22	36375
*															
				-											
		-												1-0-0-0	
FORM REVISED 10.27.2011		7	тот	AL	IN-	KIN	D C	10:	NTR	IBL	JTIC	)NS	S TI	HIS PAGE	30378

NAME OF CANDIDATE OR ELECTED OFFICIAL:	FORM 4: Receipts from Other Sources loans, interest, and o
OR ELECTED OFFICIA	eceipts from
1	Other So
Crang Ford	urces loan
~	s, interest, a
	nd other s
	ources of
	incom

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.

	m	နိ	S	I I	SI	H	TOTAL RECEIPTS THIS PAGE					FORM REVISED 10.27.2011
		<del></del> -	<u> </u>									
							0 0					
							1,1	<b>.</b>				
OF RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
A COURT	DATE	CE	RECEIPT SOURCE (CHECK ONE)	PT S	(C) [E]	R	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	EIPT	FORM OF RECEIPT	유	ADDRESS	SOURCE OF BECERT
				ľ		-						

## FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: (Vai)



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

					PU	RPO		F E)	(PEN ONE)	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
Hokes Bluff Athktic Club	P.O. Box 2401 Gadsden, AL 35903		/									9/6/22	· 250.0°
Walker 340	2501 E FiAh St. Montgomery, AZ 36107		/										5262.6
Spectrum Reach	307 Broad Street Gadsden, AL 3590		V									' '	5004. G
New South Outdoor			V										.1,400.00
D&D Supercentur	Kainbow City, AU360	[ POE		 						λ		1	55679
Chism Strategi	305 Green Oak Ln. CS Madison, MS39110	~										' '	340,0
Jaller 360	2501 East 5th St 36107 Montgomery, AL BIBB		V									9/7/22	3,188
Nalker 360	Montgowery, ALBC107		U									9/9/22	3,049
walker 360	()		V									9/10/22	3,04988
FORM REVISED 10.27.2011					T	OTA	AL I	EXF	EN	DIT	URES THIS	PAGE	22,1007

## FORM 5: Expenditures by candidate or elected official

NA.	
1./10	LLE
(-( 143)	20/1 1-1
1/1/16	
OF THE	SLA

NAME OF CANDIDATE OR ELECTED OFFICIAL: Crata Food

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

					PU	RPO		F E) ECK (		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
office man	530 George Wallace Dr. Gazsten, AL 35903	χ										9-6-22	67312
Sododon Parks + Rec	90 Broat St. Godsten, AL 35901	X	٨									9-1-22	60
Carole V	1747 Resolver Dr. Gadsten, AL 35903									X		9-8-22	1788
Motors Pizza	Garden, AL 35901					ኦ						9-6-22	12971
Chism Strategias	Madison, MS 39110		X									9-7-21	800
Baja California	110 sutton Square wit 5 Rambon City, AL 3590le					X						9-8-22	9681
Shell oil	(734 Rainbow Drioc Gadsden, AL 35901									入		9-9-22	144
Tenn. Valley Sign!	Scottsborg, AL 35969		X									9-10-22	1,32959
FORM REVISED 10.27.2011					T	OT/	AL I	EXF	PEN	רוסו	TURES THIS	PAGE	3,41263

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

NAME OF CANDIDATE OR ELECTED OFFICIAL:

Craig Fack

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



				3	PURPOSE OF EXPENDITURE (CHECK ONE)	第 9 所 9 所 9 に 9 に 9 に 9 に 9 に 9 に 9 に 9 に	X S S	NON:	URE		
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	eviteratinimbA	Advertising Consultants/ Politing	Charitable Contribution	Food	Enisishbru-T	Lodging	nolistroqensiT teeretri	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		7	\								
	1101	-									
								<u> </u>			
							<del> </del>				
FORM REVISED 5.19.2017				٢	Į Į	E)	6.0	Ē	TOTAL EXPENDITURES THIS PAGE	AGE	