FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

AUG 1 0 2020

SCOTT W. HASSELL JUDGE OF PROBATE

Amended Monthly

Type of Report (check one)

Monthly

Please Print in Ink or Type. Name of Candidate or Elected Official Political Party/E		ty/Ballot Affiliation	Weekly		Amended Weekly
_	DACTON WALKER		For Monthly		
Offic	e Sought or Held (include district or circuit number, if applicable)	, , , , , , , , , , , , , , , , , , ,	Month for whi report is filed.	cn the	
K	BC City Council Place 3		For Weekly F	350	01122
Addr			Date of Friday week for which		8/7/20
City	303 TEVRY L-N State ZIP Code Telephone N	Number	report is filed.	oort is filed.	
	RBC AL 35906 55661	37712	Pages in Rep		/
Sı	ımmary of activity since last filed report	1	phose control		
1	Beginning balance (ending balance from previous filing)				
	Cash Contributions			- i	
2a	Itemized cash contributions (total from Form 2)	2a	0	_	
2b	Non-itemized cash contributions	2b	<i>B</i>		
2c	Total cash contributions (add lines 2a and 2b)			2c	\$0.00
Ī	n-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0		
3b	Non-itemized in-kind contributions	3b	3		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$ \$0.0	00	
	Receipts from Other Sources			. 967	
4a	Itemized Receipts from Other Sources (total from Form	4) 4a	0		
4b		4b	0	124	
4c	Total receipts from other sources (add lines 4a and 4b)			4c	\$0.00
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	.0		
5b	Non-itemized expenditures	5b	0		
5c	Total expenditures (add lines 5a and 5b)			5c	\$0.00
00	Expenditures on Line of Credit			Marie at 1	
6a	Itemized expenditures (total from Form 6)	6a	Ø		
6b	Non-itemized expenditures	6b	D		
6c	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.	00	
1000		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		7	\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5		To over after of	. 1 ' 1 -	4
Asr	equired by the Alabama Fair Campaign Practices Act. I hereby ser or affirm to the best of my knowledge and belief that the	worn to and sub			day of
atta	ched report(s) and the information contained herein are	Augusto	the year 20	020	My commission expires
true	and correct and that this information is a full and complete				e year <u>26/9</u> .
stat info	ement of all contributions, expenditures, and other required tr rmation during the applicable period of time.	(1011	O Page	man	
		Signature of Notary	O. COLON	mun	
Sign	nature of Candidate or Elected Official Date		1. Cale	nan	
J.91		Print Notary's Name			