Type of Report (check one)



0 8 2022

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

SCOTT W. HASSELL JUDGE OF PROBATE

| ۷.   | SOMMAKI POKMI   |          |             | Mont                               | hly      | Amended Monthly   |
|--|---|----------|-------------|------------------------------------|----------|---|
| Please Print in Ink or Type.  Name of Candidate or Elected Official Political Party/Ballot   |   |          |             | Week                               | dy       | Amended Weekly  |
| Control of the Contro |   |          |             | For Monthly Re                     |          |   |
| Office Sought or Held (include district or circuit number, if applicable)  |   |          |             | report is filed.                   | i iiie   |   |
| 0  | ITY COUNCIL DISTRICT 6  |          |             | For Weekly Re                      |          | ADE 5   |
| Addre  | 70  |          |             | Date of Friday i<br>week for which |          | 7077  |
| City   | State ZIP Code   Telephone Nur  | nber     |             | report is filed.  Total Number     | o f      | 9-9-9   |
|  |   | )        | 2508        | Pages in Repo                      |          | 7   |
|  |   | - A      |             |                                    |          |   |
|  | mmary of activity since last filed report   |          |             |                                    |          |   |
|  | Beginning balance (ending balance from previous filing)   |          |             |                                    | 1        | 11.29   |
|  | Cash Contributions  | 0-1      |             |                                    | 1        |   |
| -  | Itemized cash contributions (total from Form 2)   | 2a       | 250         | 0.00                               | -        |   |
|  | Non-itemized cash contributions   | 2b       |             | ()                                 | 101      |   |
| 2c   | Total cash contributions (add lines 2a and 2b)  |          |             |                                    | 2c       | 750.00  |
|  | n-Kind Contributions  | <u> </u> |             |                                    | 7        |   |
| За   | Itemized in-kind contributions (total from Form 3)  | За       |             |                                    |          |   |
| 3b   | Non-itemized in-kind contributions  | 3b       |             |                                    |          |   |
| 3с   | Total in-kind contributions (add lines 3a and 3b)   | 3c       |             | 0                                  |          |   |
|  | Receipts from Other Sources   | _        |             |                                    | ٦.       |   |
| 4a   | Itemized Receipts from Other Sources (total from Form 4)  |          |             |                                    |          |   |
| 4b   | Non-itemized Receipts from Other Sources  | 4b       |             |                                    | <u> </u> |   |
| 4c   | Total receipts from other sources (add lines 4a and 4b)   |          |             |                                    | 4c       | 0   |
|  | Expenditures  |          |             |                                    | ٦        |   |
| 5a   | Itemized expenditures (total from Form 5)   | 5a       |             |                                    |          |   |
| 5b   | Non-itemized expenditures   | 5b       |             |                                    | 1        |   |
| 5c   | Total expenditures (add lines 5a and 5b)  |          |             |                                    | 5c       | 0   |
|  | Expenditures on Line of Credit  | <u> </u> | т           |                                    | 7        |   |
| 6a   | Itemized expenditures (total from Form 6)   | 6a       |             |                                    |          |   |
| 6b   | Non-itemized expenditures   | 6b       |             |                                    |          |   |
| 6c   | Total expenditures on credit (add lines 6a and 6b)  | 60       |             | 0                                  |          |   |
| 7  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c  | )        |             |                                    | 7        | 761.29  |
| atta<br>true<br>stal<br>info   | required by the Alabama Fair Campaign Practices Act, I hereby ear or affirm to the best of my knowledge and belief that the sched report(s) and the information contained herein are and correct and that this information is a full and complete tement of all contributions, expenditures, and other required or mation during the applicable period of time. | orn to   | of          | the year 200<br>y.of March         | 12       | 8th day of<br>. My commission expires<br>he year $2025$ |
|  | Pri   | nt No    | tary's Name |                                    |          |   |

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

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

**FORM REVISED 10.27.2011** 



DIXIE MINATRA 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. SOURCE OF CONTRIBUTION (CHECK ONE) **AMOUNT** DATE **ADDRESS** CONTRIBUTOR OF CONTRIBUTION Business or Corporation Individual PAC Other (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Returned STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) 7.0. BOX 611362 ROBENIARY BEACH, FL 32461 7.0. BOX 611362 JULY LINDA 30 ROBEIN ARY BEACH, FL 32461 REYNOLDO TOTAL CASH CONTRIBUTIONS THIS PAGE 250.00