

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report

SUMMARY FORM 1

		F	11	ED			
THIS	AREA	FOR	UF	FERL	USE	ONLY	

SEP 1 9 2022

SCOTT W. HASSELL JUDGE OF PROBATE

Amended Monthly

Type of Report (check one)

Monthly

Please Print in lnk or Type.	y/Ballot Affiliation	Weekly	Amended Weekly				
Name of Candidate of Elected Official	yroanot Annauon	For Monthly Reports					
Office Sought or Held (Include district or circuit number, if applicable)		Month for which the report is filed.					
Office Sought or Held (Include district or circuit number, if applicable) CITY COUNCIL DISTRICT 6		For Weekly Reports	11-27 11-				
Address Cherk box if reporting new address	v	Date of Friday in the	(SEP) 10				
Address Check box if reporting new address 3009 WEST NICIEHAN BUV		week for which the report is filed.	7077				
City State ZIP Code Telephone in		- Total Number of	1				
CADODEN AL 3590+ 850-6	087-6800	Pages in Report					
Summary of activity since last filed report							
i i la la se ferm provious filing)		1	694.06				
1 Beginning balance (ending balance from previous liling) Cash Contributions							
2a Itemized cash contributions (total from Form 2)	2a (50)	0.00					
2b Non-itemized cash contributions	2b						
101)		2c	500.00				
In-Kind Contributions (total from Form 3)	3a 58	5.59					
3a Itemized in-kind contributions (total from Form 3)	3b	0.07					
3b Non-itemized in-kind contributions	30 58	5 69					
3c Total in-kind contributions (add lines 3a and 3b)	30 0 8	0, 0					
Receipts from Other Sources	4) 40) . 2	2 1.15					
4a Itemized Receipts from Other Sources (total from Form		3.65					
4b Non-itemized Receipts from Other Sources	4b	4c	+33.65				
4c Total receipts from other sources (add lines 4a and 4b)	_	40	800.00				
Expenditures		0.01					
5a Itemized expenditures (total from Form 5)		10.01					
5b Non-itemized expenditures	5b		111001				
5c Total expenditures (add lines 5a and 5b)		50	1420.01				
Expenditures on Line of Credit							
6a Itemized expenditures (total from Form 6)	6a						
6b Non-itemized expenditures	6b						
6c Total expenditures on credit (add lines 6a and 6b)	6c	0					
7 Ending balance (add lines 1, 2c, & 4c, then subtract line	5c)	7	0				
			s 19th day of				
As required by the Alabamar an Campaign resource Sworn to and subscribed before the time							
attached report(s) and the information contained herein are	f the year 2030	My commission expires					
true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required	the <u>28th</u> d	ay of March	of the year 2025 .				
information during the applicable period of time.							
1 Delie Mi George 119-19-22	Signature of Notary						
Signature of Candidate or Elected Official Date	elson						
	Print Notary's Name	е					

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

FORM 2: Contributions received by candidate or elected official



DINE 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 CONTRIBUTION OF (ADDRESS SHOULD INCLUDE Business or Corporation Individual PAC Other (INCLUDE FULL NAME) CONTRIBUTION STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED (mo./day/yr.) 283 2 WINDING DAK DR. GTEPHEN J. 9-12-22 250.00 CHARLOTTE, NC 28270 D.O. BOX 349 CADGOEN, AL 35902 DERNOTTO LIFE INOURANCE CO. OF ALABAMA TOTAL CASH CONTRIBUTIONS THIS PAGE 500.00 **FORM REVISED 10.27.2011**

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

FORM 3: In-Kind Contributions received by 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 cash or loans on this form. Use Forms 2 and 4 for those listings.															
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)							l	SOURCE (CHECK ONE)					
CONTRIBUTOR (INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
DIXIE MINATIZA	BOOG W MEIGHAN BUD CADODEN, AL BOGOH BOOGW MIEIGHAN BUND		/								\			9-13-22	470.32
DIXIE MINATILA DIXIE MINATRA	CADODEN, ALBUD		/	<i>\</i>							\	,		9-13-22	115.27
	·														
FORM REVISED 10.27.2011		T	OT/	AL I	N-F	(INI	D C	ON	TR	BU	TIO	NS	TH	IIS PAGE	585.59

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGŅ FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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

NAME OF CANDIDATE OR ELECTED OFFICIAL:

WIXIE MINDTRA

788.60 733.60 RECEIPT AMOUNT RECEIVED (mo./day/yr.) **人 み の や** 8-18 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. TOTAL RECEIPTS THIS PAGE Other RECEIPT SOURCE (CHECK ONE) ssaujsnB laubivibri DA9 Lending Institution BOUGH MEIGHAN BUND COMPLETE THIS BLOCK IF RECEIPT IS A LOAN |FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN) ログルグランシュ CACIOEN, OT GEGOH GUARANTORS FORM OF RECEIPT Other rosu terest Basiocal AL 36404 (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) 3009 W ME GAM SOURCE OF RECEIPT (INCLUDE FULL NAME) FORM REVISED 10.27.2011



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

FORM 5: Expenditures by candidate or elected official

I Old I O. Tybenancan ac 12	
NAME OF CANDIDATE OR ELECTED OFFICIAL	: DIXIE MINATRA
MALIE OF OWNERS OF PETERS	



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) DATE OF **AMOUNT ADDRESS** PERSON/GROUP/BUSINESS **OTHER** EXPENDITURE (ADDRESS SHOULD INCLUDE (mo./day/yr.) **EXPENDITURE** RECEIVING EXPENDITURE GIVE STREET OR P.O. BOX, CITY, STATE, AND ZIP) (INCLUDE FULL NAME) BRIEF **EXPLANATION** 100 EAST MAIN GT. MODEL TEELS 9-12-22 1200.00 CENTRE, AL 36960 1100 FORREST AVE MOORE PRINTING CADUDEN, AL 35901 TOTAL EXPENDITURES THIS PAGE **FORM REVISED 10.27.2011**