FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

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

FILED

AUG 1 5 2022

δ	SUMMARY FORM 1			Type of Rep		
	Please Print in Ink or Type.				enthly	_ JUDGENOFIPROBAT
Na	TAMES CHRISTUPHER REBINSE	/Ballo	ot Affiliation		eekly	Amended Weekly
Off	ice Sought or Held (include district or circuit number, if applicable)			For Monthly Month for wh		
	GADSDE City CONCIL DOY 7			report is filed		
Add	dress Check box if reporting new address	-		For Weekly Date of Frida		
	335 HACT, AC			week for whi report is filed		As 12,22
City	GADIAGA State ZIP Code   Telephone No. 75'90'5   C56.39	mber	155	Total Number		
	1,0 ,, 1,0 ,, 1	. ,	/	Pages in Re	port	
S	ummary of activity since last filed report			A 25 M 14		
1	Beginning balance (ending balance from previous filing)			AND	4	946 00
	Cash Contributions	1			1	948.08
	Itemized cash contributions (total from Form 2)	2a				
2b		2b		-	-	
2c		120			20	948 08
	In-Kind Contributions	-			2c	948.08
	Itemized in-kind contributions (total from Form 3)		1		$\neg$	
3b	· ·	3a			_	
3c	Total in-kind contributions (add lines 3a and 3b)	3b			_	
	Receipts from Other Sources	3с				
4a					$\neg$	
4a 4b	Itemized Receipts from Other Sources (total from Form 4) Non-itemized Receipts from Other Sources	-				
4c		4b				
_	Total receipts from other sources (add lines 4a and 4b)  Expenditures				4c	
-						
	Itemized expenditures (total from Form 5)	5a	14	5,76		
5b	Non-itemized expenditures	5b				
5c	Total expenditures (add lines 5a and 5b)				5c	145.30
	Expenditures on Line of Credit	L.,				
	Itemized expenditures (total from Form 6)	6a				
6b	Non-itemized expenditures	6b				
6c	Total expenditures on credit (add lines 6a and 6b)	6c				
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				7	802.32
wea ittac rue tate	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 mation during the applicable period of time.	J+1	and subscri	bed before m	Lee.	day of  My commission expires
Signa	ature of Candidate or Elected Official Date	iture i	- Company	9 3	2 5	
ORM	REVISED 06.06.2017 Print	Notar	y's Name	CPICO!	- ellin	4

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

#### 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.

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	BUTIONS THIS PAGE	SIHī	NS.	TIO	BU	T.R.	TOTAL CASH CONTRI		FORM REVISED 10.27.2011
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					<del>                                     </del>				
				<u>\</u>					,
AMOUNT OF CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Business or Corporation Individual	Business or	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	STREET	(INCLUDE FULL NAME)
		NOI	SOURCE OF CONTRIBUTION (CHECK ONE)	SOU CHECT	<b>9</b>	1	ADDRESS		CONTRIBUTOR
			ĺ					•	



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

#### FORM 3: In-Kind 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 cash or loans on this form. Use Forms 2 and 4 for those listings.

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	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	SIHT	S	70	BU:	Z	8	00	Ê	Ž	2	Ţ0	Τι	FORM REVISED 10.27.2011
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AMOUNT OF CONTRIBUTION	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Corporation Individual	Business/ Corporation	Other	Transportation	Food Rent	Equipment	Consultants/ Polling	Advertising Consultants/		(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) training	(INCLUDE FULL NAME)
			SOURCE (CHECK ONE)	(CHE		N	NATURE OF CONTRIBUTION (CHECK ONE)	NTR.	ECX.	Ç Q	IN TA			CONTRIBUTOR



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

# FORM 4: Receipts from Other Sources loans, interest, and other sources of income with the source with the source with the source of the source with the source without with the source without wi

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** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

FORM REVISED 10.27.2011							SOURCE OF RECEIPT ADD
			. martin in its			STREET OR P.O. BOX. CITY, STATE, AND ZIP) Interest Loan Other	ADDRESS OF RECEIPT
TOTAL RECEIPTS THIS PAGE						GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	IS A LOAN
THIS PAGE						Lending Institution PAC Individual Business Other	RECEIPT SOURCE (CHECK ONE)
		_				DATE RECEIVED (mo./day/yr.)	
						AMOUNT OF RECEIPT	

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

#### 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.

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145,70	2/4/3				-	-					C'DONOTH OF 351.1	
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Fundraising Loan Repayment	Food	Charitable Contribution	Consultants/ Polling	Advertising	Administrative		RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		JRE	PURPOSE OF EXPENDITURE (CHECK ONE)	SE E	유민의	RPOS	]	7	1	<del></del>		PERSON/GROUP/BUSINESS

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

### 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					RECEIVING EXPENDITURE (INCLUDE FULL NAME)  (INCLUDE FULL NAME)  (INCLUDE FULL NAME)	
					ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
ТОТА					Administrative  Advertising  Consultants/ Polling  Charitable Contribution  Food	PURPO
EXPENDI					Fundraising Lodging Transportation	PURPOSE OF EXPENDITURE (CHECK ONE)
TOTAL EXPENDITURES THIS PAGE					OTHER GIVE BRIEF EXPLANATION	DITURE
\GE					DATE OF EXPENDITURE (mo./day/yr.)	
					AMOUNT OF EXPENDITURE	-

