MONTHLY & WEEKLY



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

JUL 0 8 2022

SCOTT W. HASSELL JUDGE OF PROBATE

B SUMMARY FORM 1			Type of Rep		
Name of Candidate or Elected Official Political Part	tu/Pallat	A 661:-4:		onthly eekly	Amended Monthly
JAMES Christopher Pobinson	ly/ballot /	Amiliation	For Monthly	-	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)			Month for wh	ich the	Tolk
GADSDAN CAY CONEN Dist 7			report is filed For Weekly		03.7
Address Check box if reporting new address			Date of Frida week for which	y in the	
City State ZIP Code Telephone N	lumber		report is filed		
GAPSAGN AL 35904 256-79		57	Total Number Pages in Re	10 1787	6
Summary of activity since last filed report					
Beginning balance (ending balance from previous filing)					
Cash Contributions	4			[1]	191.13
2a Itemized cash contributions (total from Form 2)	2a	11400		\neg	
2b Non-itemized cash contributions	2b	1400	•	_	
2c Total cash contributions (add lines 2a and 2b)	201			101	
In-Kind Contributions	-			2c	1591.13
3a Itemized in-kind contributions (total from Form 3)	-	No. 10		-	
3b Non-itemized in-kind contributions	3a			4	
3c Total in-kind contributions (add lines 3a and 3b)	3b				
Receipts from Other Sources	3c	-			
4a Itemized Receipts from Other Sources (total from Form 4)	1-			7	
4b Non-itemized Receipts from Other Sources			-		
4c Total receipts from other sources (add lines 4a and 4b)	4b	1,0000			
Expenditures	-			4c	
5a Itemized expenditures (total from Form 5)	-			7	
5b Non-itemized expenditures	5a	50.**			
5c Total expenditures (add lines 5a and 5b)	5b				
Expenditures on Line of Credit				5c	
6a Itemized expenditures (total from Form 6)	6a			1	
16h Non-itemized expanditure	6b				
6C Total expenditures - ""	6c				
7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	00				
				7	1541,13
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the	n to an	d subscribe	ed before me	thic S	Lh day of
attached report(s) and the information contained borning	ilu				
statement of all contributions, expenditures, and other required	7+4	day of			commission expires
information during the applicable period of time.	10	uay of _	Hpr:1	_ of the ye	ar <u>2025</u>
5-1, 8,22 Signal	JEL OF N	lotary Public	a De	exte	K -
Signature of Candidate or Elected Official Date	12	tally Public	\wedge	4	

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SCOTT WITASSELL

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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: CHRIS PABINSIN



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 CONTRIBUTOR (CHECK ONE) **ADDRESS** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE DATE **AMOUNT** STREET OR P.O. BOX, CITY, STATE, AND ZIP) Business or Corporation Individual CONTRIBUTION OF RECEIVED CONTRIBUTION Other PAC (mo./day/yr.) Michele Atkins 329 Locust street 07/61/22 GADSDAM, AL 35901 300," Blackstone Popo Exter 525 Bread street GAMSSAN RZ 35901 67/07/22 III Athra street CUNY O'BRINS GADSDEN, AL 35904 25/10/20 100 **FORM REVISED 10.27.2011** TOTAL CASH CONTRIBUTIONS THIS PAGE 1400."

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:

OHRIS ROBINSIN

FORM REVISED 10.27.2011 CONTRIBUTOR (INCLUDE FULL NAME) When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. ADDRESS

(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. TOTAL IN-KIND CONTRIBUTIONS THIS PAGE Administrative NATURE OF CONTRIBUTION (CHECK ONE) Advertising Consultants Polling Equipment Food Rent Transportation Other Business/ Corporation SOURCE (CHECK ONE) Individual PAC Other CONTRIBUTION RECEIVED (mo./day/yr.) DATE CONTRIBUTION **AMOUNT**





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

CHUIS ROBINSON

NAME OF CANDIDATE OR ELECTED OFFICIAL:

DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

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THIOMA	3TAA.	30	OUR()S To			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN		SECE OBV		(ADDRESS SHOULD INCLUDE ADDRESS	SOURCE OF RECEIPT (INCLUDE FULL NAME)

FORM 5: Expenditures by candidate or elected official ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

NAME OF CANDIDATE OR ELECTED OFFICIAL: CHAID PURINST

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

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AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Food Fundraising	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	STREET	RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
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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: CHUIS ROUNS



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

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AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Interest	Transportation	Lodging	Fundraising	Contribution Food	Polling Charitable	Advertising Consultants/	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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