Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

JUL 2 1 2020

SCOTT W. HASSELL

Please Print in Ink or Type.

Name of Candidate or Elected Official

James Date Livingston

Office Sought or Held (include district or circuit number, if applicable)

Town Council of Altodna Dace 1

Address Check box if reporting new address

City State ZIP Code Telephone Number in Report

Altodna AL 35950 256-504-8856

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S	summary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)				1	
	Cash Contributions					
2a	Itemized cash contributions (total from Form 2)	2a	-Q]	
2b	Non-itemized cash contributions	2b	Q		1	
2c	Total cash contributions (add lines 2a and 2b)				2c 🔊	\$0.00
	In-Kind Contributions					
За	Itemized in-kind contributions (total from Form 3)	За	\sim]	
3b	Non-itemized in-kind contributions	3b	Q			
3c	Total in-kind contributions (add lines 3a and 3b)	3c	Q	\$0.00	1	
	Receipts from Other Sources			7 3 1 3 4	_	
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	8			
4b	Non-itemized Receipts from Other Sources	4b	A			
4c	Total receipts from other sources (add lines 4a and 4b)				4c -2	\$0.00
	Expenditures					30.00
5a	Itemized expenditures (total from Form 5)	5a	4]	ĺ
5b	Non-itemized expenditures	5b	~			
5c	Total expenditures (add lines 5a and 5b)		0		5c 💫	\$0.00
	Expenditures on Line of Credit					
6a	Itemized expenditures on line of credit (total from Form 6)	6a	-0			
6b	Non-itemized expenditures on line of credit	6b	0			
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c	0	\$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				7 12	\$0.00

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

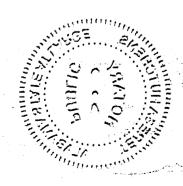
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this day of
July of the year 2020 My commission expires
the 3 day of Jan of the year 2021
Alusa Hutan
Signature of Notary Public
leresa thitchins
Print Notary's Name

CHIE

1811 2 1 2020

SCOTT W. HASSELL JUDGE OF PROBATE



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. SOURCE OF CONTRIBUTION (CHECK ONE) CONTRIBUTOR **ADDRESS AMOUNT** DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF Business or Corporation Individual PAC Returned STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION (mo./day/yr.) TOTAL CASH CONTRIBUTIONS THIS PAGE \$0.00 FORM REVISED 9,2,2011

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.

	DO NOT LIST cash or loans on this	fon	m. l	Jse F	orm	s 2 a	and 4	4 for	thos	e lis	tings	S.			
CONTRIBUTOR				URE (OF C	ONT K ON	RIBU E)	NOITI	i	(SOU	IRCE K ON	E)		
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
FORM REVISED 9.2.2011	/ISED 9.2.2011 TOTAL IN-KIND CONTRIBUTIONS THIS PAGE									\$0.00					

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: _

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



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-k	ind c	ontrib	outio	ns on this form. Use Forms 2 and 3 for thos	se lis	tings	S.		0 1101	·	
SOURCE OF RECEIPT	ADDRESS	OF	FOR	# EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R		PT S			DATE	
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution PAC Individual Business			Business	Other	DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
FORM REVISED 9.2.2011	M REVISED 9.2.2011 TOTAL RECEIPTS THIS PAGE											\$0.00

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

FORM 5: Expenditures by candidate or elected official

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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.

			PURPOSE OF EXPENDITURE (CHECK ONE)										
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		Advertising	Consultants/ Politing	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
													30
FORM REVISED 9.2.2011 TOTAL EXPENDITURES THIS PAGE										\$0.00			

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.

- Company of the Comp					PL	JRPO	SE (OF EX	XPEN ONE)	DITU	RE		
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
FORM REVISED 5.19.2017 TOTAL EXPENDITURES THIS PAGE										PAGE	\$ 0.00		