FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

AUG 1 7 2020

| M SUMMARY FORM 1 | | Type of Rego Ocheci | W!™ASSELL |
|--|--|--|-----------------------|
| Please Print in Ink or Type. Name of Candidate or Elected Official Political P. | | ☐ NOTOGE (| DEPROBATE Onthly |
| | arty/Ballot Affiliation | Weekly | Amended Weekly |
| annicable) | - Partizin | For Monthly Reports Month for which the | |
| City Council Rainbow City Flice | , > | report is filed. | |
| Address Check box if reporting new address | - 3 | For Weekly Reports Date of Friday in the | a) |
| City Covered Bridge Rd State ZIP Code Telephone | | week for which the report is filed. | 8/14/20 |
| | | Total Number of | |
| 33-100 (356 | 438-0135 | Pages in Report | _5 |
| Summary of activity since last filed report | | Mary Control | |
| 1 Beginning balance (ending balance from previous filing) | | 11 4 | 57790 |
| Cash Contributions | | | |
| 2a Itemized cash contributions (total from Form 2) | 2a | | |
| 2b Non-itemized cash contributions | 2b 20 | 0 50 | |
| 2c Total cash contributions (add lines 2a and 2b) | | | F 200 00 50.00 |
| In-Kind Contributions | | [] | 30.00 |
| 3a Itemized in-kind contributions (total from Form 3) | 3a | | |
| 3b Non-itemized in-kind contributions | 3b | | |
| 3c Total in-kind contributions (add lines 3a and 3b) | 3c | 20.00 | |
| Receipts from Other Sources | | \$0.00 | |
| 4a Itemized Receipts from Other Sources (total from Form | 1) 4a | | |
| 4b Non-itemized Receipts from Other Sources | 4b | | |
| 4c Total receipts from other sources (add lines 4a and 4b) | | 4c | |
| Expenditures | | [40] | \$0.00 |
| 5a Itemized expenditures (total from Form 5) | 5a 712 | , 14 | |
| 5b Non-itemized expenditures | 5b | 2 | |
| 5c Total expenditures (add lines 5a and 5b) | | 5c 5 | # 71214 |
| Expenditures on Line of Credit | 7 | 00 | 113- \$0.00 |
| 6a Itemized expenditures (total from Form 6) | 6a | | |
| 6b Non-itemized expenditures | 6b | | |
| 6c Total expenditures on credit (add lines 6a and 6b) | 6c | 40.00 | |
| 7 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c | | \$0.00 | (24 78 00 00 |
| | 7] | 7 D | \$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 | orn to and subscrib | ped before me this | 17 day of |
| attached report(s) and the information contained herein are | / 1 | 7 | My commission expires |
| true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required the | 2/:1 | 1 | year 2020 |
| information during the applicable period of time. | De la composition della compos | or the | year |
| 118/17/201 Sin | nature of Notary Public | m Dane | |
| Signature of Candidate or Elected Official Date | dre of Notary Public | am Bor | Je. |
| FORM REVISED 05.08.2017 | at Notania Nome | | |

Print Notary's Name

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State of Character Rights

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: JESS Prince

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.

FORM REVISED 9.2.2011 CONTRIBUTOR (INCLUDE FULL NAME) ADDRESS

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



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: JEST Prince

all contributions from that source to be itemized

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| AMOUNT OF CONTRIBUTION | DATE CONTRIBUTION RECEIVED (mo./day/yr.) | ndividual AC ther | usiness/ corporation | Other | Rent ransportation | ood | quipment | Consultants/ Polling | Advertising | Administrative | (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | (ADD) | STRE | (INCLUDE FULL NAME) | |
| | | SOURCE (CHECK ONE) | ĝ., | ž | NATURE OF CONTRIBUTION (CHECK ONE) | ONE) | HICK CC | JRE C | NATI | | ADDRESS | | | CONTRIBUTOR | |
| | rce to be itemized. | ings. | se listi | Y tho | 10 4 to | 2 an | Stude | se F | in i | s to | DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. | l g | | | j |
| | | | | Ť | 3 | 0 20 | ni in | ĎΑ | ie FC | ĕ | When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from a single source exceed \$100.00, the FCPA requires all contributions from a | tions fro | al contribu | When total | |

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: JOSE PONCE

(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 in-kind contributions on this form. Use Forms 2 and 3 for those listings. Interest OF RECEIPT FORM Loan Other (FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN) COMPLETE THIS BLOCK IF RECEIPT IS A LOAN **GUARANTORS** Lending Institution RECEIPT SOURCE (CHECK ONE) PAC Individual **Business** Other (mo./day/yr.) RECEIVED DATE RECEIPT AMOUNT 유

FORM 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 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.

| 771314 | | TOTAL EXPENDITURES THIS PAGE | DITU | PEN | L E) | OTA | 7 | | | | | FORM REVISED 9.2.2011 |
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| 4 01.25 | S I S | | | | | | | | | Godsden N 2592 | | Chichil-A |
| AMOUNT OF EXPENDITURE | DATE OF EXPENDITURE (mo./day/yr.) | OTHER GIVE BRIEF EXPLANATION | Transportation | Loan Repayment Lodging | Fundraising | Contribution Food | Consultants/ Polling | Advertising | Administrative | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | | RECEIVING EXPENDITURE (INCLUDE FULL NAME) |
| | | JRE | PURPOSE OF EXPENDITURE (CHECKONE) | OF EXP | POSE (C) | PUR | | 1 | | | | PERSON/GROUP/BUSINESS |
| a c. | אכיוני שם ווכווובפם. | | | | | | | | | | 1 | |