FILED

Candidate & Elected Official Campaign Finance Report

JAN 2 2 2024

ŌΣ	SUMMARY FORM 1 Please Print in Ink or Type.				N	Monthly U[DOTTOW. HASSELL DOETOFFIFICO BUATIETY
Nar		Party/Ba	llot	Affiliation	v	Veekly	Amended Weekly
(Jon Craig Ford	M/A	+		For Month Month for w		3
Offi	ce Sought or Held (include district or circuit number, if applicable)				report is file		
N	layor of Gadeden				For Weekly		
	Address Check box if reporting new address				Date of Fric week for wh		08.16 to
City	PO BOX 8208 City State ZIP Code Telephone Num				report is file		08 - 22
(- 0 0	393		2009	Total Numl Pages in R		7
	10000				3		
S	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous filin	ng)				1	56,327.77
	Cash Contributions					•	
2a	Itemized cash contributions (total from Form 2)	2	2a	6.	275.00	>	
2b	Non-itemized cash contributions	2	2b		275.00 Ø		
2c	Total cash contributions (add lines 2a and 2b)					2c	6,275.00.00
	In-Kind Contributions						
За	Itemized in-kind contributions (total from Form 3)	3	Ba	-	-		
3b	Non-itemized in-kind contributions	3	3b	-	_		
3с	Total in-kind contributions (add lines 3a and 3b)	3	Вс	•	- \$0	.00	
	Receipts from Other Sources						
4a	Itemized Receipts from Other Sources (total from Form	m 4) 4	la	100,0	000.00		
4b	Non-itemized Receipts from Other Sources	4	1b		Ø		
4c	Total receipts from other sources (add lines 4a and 4b	0)		•		4c	100,000.000
	Expenditures						
5a	Itemized expenditures (total from Form 5)	5	ā	10,4	28.47		
5b	Non-itemized expenditures	5	b	(Ø		
5c	Total expenditures (add lines 5a and 5b)			,		5c	10,628.47.00
	Expenditures on Line of Credit					19-11-11-11-11-11-11-11-11-11-11-11-11-1	
6a	Itemized expenditures (total from Form 6)	6	ia				
6b	Non-itemized expenditures	6	3b				
6c	Total expenditures on credit (add lines 6a and 6b)	6	ic		so.	.00	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line	5c)				7	151,974.300.00
sweattach strue state infor	equired by the Alabama Fair Campaign Practices Act, I hereby ar or affirm to the best of my knowledge and belief that the 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. Date	##] i the _{	and		eil Co	, -	day of day of My commission expires the year

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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) **AMOUNT** CONTRIBUTOR **ADDRESS** DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION PAC Other (mo./day/yr.) 145 River Brow Drive 3-18-4 1,000 Dr+Mrs. Kunar Mishra Galsden, Al 3590 103 River Point Drive 8-16-22 Mrs. Jack: c Compbell 100 Reinbour Cites, AL 35906 2417 Scenic Drive 8-15-22 John + Kathryn Dugger Galsden AL 35904 P.O. Box 8916 8-19-24 003 Northeast Alabama Labor Course 1,000 I page Solutions 8-17-22 Oklahoma City OV 73125

Greg Roberts May West, FL 33040 500 George Shehit Susan 8-17-22 Galsdan, AL 35901 3757 Duck Springs RE 8-17-12 Jean Hall 200

930 Forest Aux Rhea Boy & Rhea Alto Galacen, DL 35901

TOTAL CASH CONTRIBUTIONS THIS PAGE

6,275

8-17-22 2,500"

FORM REVISED 10.27.2011

FORM 3: In-Kind Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: ______ Crow's Fort 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. **NATURE OF CONTRIBUTION** SOURCE (CHECK ONE) (CHECK ONE) **AMOUNT** DATE **CONTRIBUTOR ADDRESS** Food Rent Transportation Administrative (ADDRESS SHOULD INCLUDE Consultants/ Polling Equipment Business/ Corporation Individual CONTRIBUTION (INCLUDE FULL NAME) Advertising STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) Of her Offher PAC

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

\$0.00

FORM REVISED 10.27.2011

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: _____ Craine Fort

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. COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) DATE **AMOUNT ADDRESS SOURCE OF RECEIPT** OF (ADDRESS SHOULD INCLUDE **GUARANTORS** RECEIVED (INCLUDE FULL NAME) Business RECEIPT STREET OR P.O. BOX, (mo./day/yr.) IFCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Other PLETE ADDRESS OF INDIVIDUAL(S) EN-Loan PAC DORSING OR GUARANTEEING LOAN) Joh Craig Ford 230 N 3td St. P.O. BOX 8308 Gals Ean AL 35903 8-22-22 The Exchange Book of Medowing Gads 200, AL 35901 TOTAL RECEIPTS THIS PAGE **FORM REVISED 10.27.2011**

NAME OF CANDIDATE OR ELECTED OFFICIAL: FORM 6: Expenditures On Line of Credit by candidate or elected official Craza Fost



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							PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
					NA			ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
								Administrative	
4								Advertising	
	:		_		ļ			Consultants/ Polling	
ı	TOTAL							Charitable Contribution	פ
ı								Food	7
								Fundraising	G M
	EX.							Lodging	PURPOSE OF EXPENDITURE (CHECK ONE)
ı	Ĕ						-	Transportation	
ı								Interest	
	EXPENDITURES THIS PAGE				·			OTHER GIVE BRIEF EXPLANATION	RE
	AGE							DATE OF EXPENDITURE (mo./day/yr.)	
								AMOUNT OF EXPENDITURE	

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.

		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)	Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Messenger Newslaper	1957 Reinbow Drive Gals 2CM, AL 35901		X									8-16-22	200° v
Machinan Media	8893 LS HWY 411 Gadedan, AL 3590] P.O. Box 59057		义								v	8.18-22	1,9437
aster Image	B'ham, AL 35259			X								8-19-22	3 , 400
infe Club	5940 Trusso. He Crossings B'ham, Al 35235	Х	X			χ						8-20-2	² 1,963
istern Sizzlins	Randow City, AL 35906					X					***	8-17-22	e le le
ollow General	HOIO Rathbow Pr. Rainbow City, AL359 1205 W Meighan BUC	S.										8-18-2	9 (018
wele U	Galslen, AL 35901									义		819-22	· 1977
Proetis	1617 (2 contour Dr. Galsden, AL 3540)					٨							> 411º
circle K	1747 Relations Oris									R		9-313	· 65-68
FORM REVISED 10.27.2011					T	OTA	AL I	EXF	PEN	DIT	URES THIS	PAGE	6, 946 24

FORM 5: Expenditures by candidate or elected official

FORM REVISED 10.27,2011

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 **ADDRESS** DATE OF **AMOUNT Fransportation** (ADDRESS SHOULD INCLUDE **OTHER** Fundraising **RECEIVING EXPENDITURE** EXPENDITURE **OF** STREET OR P.O. BOX, CITY, STATE, AND ZIP) (INCLUDE FULL NAME) **GIVE** (mo./day/yr.) **EXPENDITURE** BRIEF **EXPLANATION** 3331 Rainbow Dr Rotabous City, AL35906 Montgomer AL 36107 715 Colberts Fory RL Attalle, AL 35954 221 N 27th St. Godsten, Al 35901 **TOTAL EXPENDITURES THIS PAGE**