Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

	Please Print in Ink or Type.			Time of Demont (check	
Nar	ne of Candidate or Elected Official Political Party	/Ballot A	ffiliation	Type of Report (check	Amended Monthly
	Jon Craig Ford N	14		Weekly	Amended Weekly
Offi	ce Sought or Held (include district or circuit number, if applicable)			For Monthly Reports	
Ado	Mayor of Galeton ress □ Check box if reporting new address	_		Month in which the	Decemba
	P.O. Box 8208			report is filed. For Weekly Reports	12GCC11010
City		umber		Date of Friday in the	
A	odsten AL35902 (56239		009	week in which the report is filed.	
U	The second of th	- /-		Total Number of	η
				Pages in Report	
S	ummary of activity since last filed report	-			12 21 526
1	Beginning balance (ending balance from previous filing)	4		1	12,21526
_	Cash Contributions	-			
2a	Itemized cash contributions (total from Form 2)	2a	11,60	6	
2b	Non-itemized cash contributions	2b	9		
2c	Total cash contributions (add lines 2a and 2b)			2c	1/1600
	In-Kind Contributions	-			
За		3a	9		
3b	Non-itemized in-kind contributions	3b	98		
3с	Total in-kind contributions (add lines 3a and 3b)	3c	9		
	Receipts from Other Sources	ļ			
4a	Itemized Receipts from Other Sources (total from Form 4)		Ø		
4b	Non-itemized Receipts from Other Sources	4b	Ø		MINISTERLY HOLES
4c	Total receipts from other sources (add lines 4a and 4b)			4c	Original
	Expenditures				S. ANTON
5a	Itemized expenditures (total from Form 5)	5a	275		<u> </u>
5b	Non-itemized expenditures	5b	8		BLIG &
5c	Total expenditures (add lines 5a and 5b)		,	5c	278
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c			6 6	8540 TATE A
Ca	ndidates for State Office: File this report with the Office of the S	ecreta	ry of State	No. of London	
Ca	ndidates for County or Municipal Office: File this report with th	e Judg	je of Proba	ate of the county in wh	nich the office is sought.
Asr	Cddilogol a in ingrating i all and in ingrition in its annual in its ann	orn to	and subscr	ibed before me this	30th day of
swe		ecca	by of the	year <u>300 </u> .	My commission expires
true	and correct and that this information is a full and complete the	30	The day o	of Novemberth	e year <u>3034</u> .
stat	ement of all contributions, expenditures, and other required	, 1		J. Hour	ara
INTO	rmation during the applicable period of time.		· ·	X	
4	Plure of Candidate or Elected Official Date	nature o	f Notary Pub	lic A	.1
19		Ci	mbe	My Hou	usind
FOR	M REVISED 10.27.2011	nt Notar	's Name	\	

FORM 2: Contributions received by candidate of 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.

Rep. James Busiley Low Phillips Jr. それられないいのう Dr. James Kurel ステラのかれる Cust Demolition Br B Rower FORM REVISED 10.27.2011 CONTRIBUTOR (INCLUDE FULL NAME) to Kiloman Solis Soc 208 Lakewsoc 946 ado I Barretts 1220 S Mrs & 220 1 SIO NOTAS 1801 and Auc W Mobile 70 Juster PKWG Rainbowciy ALBERT 19 how, AL 35203 ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) La West ood 丁のうつ Ge 252 cm, AL 3590 Bud Garledu Al TOTAL CASH CONTRIBUTIONS THIS PAGE 3690 Business or SOURCE OF CONTRIBUTION (CHECK ONE) Corporation Individual PAC Other Returned CONTRIBUTION 12-17-2 12-10-21 12-7-21 12-10-21 12-11-21 12-1721 12-22-21 12-10-21 (mo./day/yr.) DATE 8 500 CONTRIBUTION 80 5,350 8 8 032 AMOUNT 500 000



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: RIA



Brandon Merced John and Kathryn Dugger Allen McBride DMarcell Black Wayne and Paula Living Trust Donald Campbell Maric and Deborah Turk Family Revocable Joan D. Leach it Ins. Co. FORM REVISED 10.27.2011 hompson CONTRIBUTOR (INCLUDE FULL NAME) DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings 225 209 Bridle Ridge Road Rockford, Al 35/36 2671 Checha Rd. Munford, AL 35 268 Gadsden, AL 35 Gadsden, AL 35903 Gadsden, 4790 Wilson Dan Rd. Inscumbia, At Po Box 349 Gadsden, Al35902 Sadsden, M. Gadsden, Rockford, 5adsden Camille Circle (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Lakepoint Dr. 35901 AL 35901 35903 35904 TOTAL CASH CONTRIBUTIONS THIS PAGE OF CONTRIBUTION dividual (CHECK ONE) SOURCE Other 7 12/8/21 DATE 12/19/21 12/9/21 12/3/21 12/8/21 12/5/2 12/8/2 (mo./day/yr.) 12/2/21 2/8/21 RECEIVED #2450.00 CONTRIBUTION 500.10 250 5000. 100.00 AMOUNT 250. 00.001 500. 100. 100.00 50.00 CO 00 C . 10

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.

3,800	IIS PAGE	UTIONS THIS PAGE	NTRIBU	TOTAL CASH CONTRIB	FORM REVISED 10.27.2011
200.00	12/4/21		7	Gadsden, At 35901	Adde D. Cannon
300.00	12/7/21		<	Gadsden, AL 3590	Mitchell and Cathy Websler
500.00	12/5/21		7	Gad Sden A 35901	Yother and Milling
300.00	12/5/21		7	Gaasder, At 35901	Rha and Joy
2500.00	12/7/21		7	Gadsien, AL 35904	STMW LLC
OF	CONTRIBUTION RECEIVED (mo/day/yr.)	PAC Other Returned	Business or Corporation Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		SOURCE OF CONTRIBUTION (CHECK ONE)	OF CON		CONTENTION

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.

		ı			١	ı	١	1	1	1	1				
	UTIONS THIS PAGE	7	NS	동	ᇛ	코	2	00	Ž	Z	TOTAL IN-KIND CONTRIB	1 2	I ˌ │		FORM REVISED 10.27.2011
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Equipment	Consultants/ Polling	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
			SOURCE (CHECK ONE)	HECO.	6		Ş Ş	885	ON T	H Q	NATURE OF CONTRIBUTION (CHECK ONE)	UTA	_		CONTRIBUTION

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

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.

	Ä	A	S	로	ST	E E	TOTAL RECEIPTS THIS PAGE					FORM REVISED 10.27.2011
OF RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	(ADDRESS SHOULD INCLUDE STREET OR PO. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		유	NE S	RECEIPT SOURCE (CHECK ONE)	요 ਜ਼	2	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	ROA	유		

FORM 5: Expenditures by candidate or elected official 1-08g

NAME OF CANDIDATE OR ELECTED OFFICIAL: Crain



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

FORM RE				Ketrina Flambo	Consum CORIO	PERS RECI	
FORM REVISED 10.27.2011				Compo	CCRC	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
				201 N 3rd St.	GLAJOCH, AL 35901	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
			=1-1-27	7	><	Administrative Advertising	
				/		Consultants/ Polling	
=						Charitable Contribution	2
TOTAL						Food	PURPOSE (C
						Fundraising Loan	(오류
Ĕ						Repayment Lodging	25
		 				Transportation	
EXPENDITURES THIS PAGE			4955.0			GIVE BRIEF EXPLANATION	(CHECK ONE)
PAGE				12:00) Z50	128.A 28	DATE OF EXPENDITURE (mo./day/yr.)	
315				280~	&, ,	AMOUNT OF EXPENDITURE	