FORM REVISED 06,06,2017

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

JUN 0 1 2022

MONTH	SUMMARY FORM 1	SCOTT W. HASSELL Type of Report (CHECKTE) PROBATE						
السا	Please Print in ink or Type.				Mor	- 	Amended Monthly	
	ne of Candidate or Elected Official Politic	cal Party/Ba	allot	Affiliation	Wee		Amended Weekly	
Office Sought or Held (Include district or circuit number, if applicable)					For Monthly F Month for which		0.20	
					report is filed.		Mary	
	Mingrate Go In East				For Weekly R Date of Friday	A STATE OF THE PARTY OF THE PAR	(.)	
Add	Check box if reporting new address				week for which			
City		ohone Num	ber		report is filed. Total Number	of		
		93-9	α	F(Pages in Rep		(0	
	•	KS AND						
S	ummary of activity since last filed report						1117.000	
1	Beginning balance (ending balance from previous fi	iling)				1	66,6757	
	Cash Contributions		5			7		
	Itemized cash contributions (total from Form 2)		2a	3328	7.5	-		
_	Non-itemized cash contributions		2b	300)	-		
2c	Total cash contributions (add lines 2a and 2b)					2c	3,625	
	In-Kind Contributions		_			7		
3а	Itemized in-kind contributions (total from Form 3)	3	За		Ø.			
3b	Non-itemized in-kind contributions		3b		0			
3с	Total in-kind contributions (add lines 3a and 3b)		3c		<u> </u>			
	Receipts from Other Sources					7		
4a	Itemized Receipts from Other Sources (total from Fo	orm 4)	4a		Ø			
4b	Non-itemized Receipts from Other Sources		4b	(7	<u></u>		
4c	Total receipts from other sources (add lines 4a and	4b)				4c	<u> </u>	
	Expenditures				.7.1	_	,	
5a	Itemized expenditures (total from Form 5)		5a	4.3.	38.37			
5b	Non-itemized expenditures	(5b	Ć	8			
5с	Total expenditures (add lines 5a and 5b)			/		5c	4,320	
	Expenditures on Line of Credit					7		
6a	Itemized expenditures (total from Form 6)		6a	1				
6b	Non-itemized expenditures		6b	Ų,				
6c	Total expenditures on credit (add lines 6a and 6b)		6c	19				
7	Ending balance (add lines 1, 2c, & 4c, then subtract li	ne 5c)		/		7	65,972,	
swe atta true state	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 rmation during the applicable period of time.	the_	U		O H	>>	315f day of My commission expires the year 2036.	
Sign	nature of Candidate or Elected Official Date	11	(mb:	orly 17	CC	vard	

Print Notary's Name

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: Crang For



DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. OF CONTRIBUTION (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE **AMOUNT** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION Business or Corporation Individuel PAC Other STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) 1251 sungeter Road Interondence 2.9.35 200 5-6-22 といかれたろ 200 56.2) 100 6-7-24 100 5-7-22-50 130 Arrow Head Lang 5-10-22 100 35150 TOTAL CASH CONTRIBUTIONS THIS PAGE **FORM REVISED 10.27.2011**

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

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

FORM 2: Contributions received by candidate or elected official

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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.

CONTRIBUTOR	ADDRESS	OF	CO	OUR NTRI ECK (BUT		DATE	AMOUNT OF CONTRIBUTION	
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Busmess or Cerporation	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)		
Pon Partrick	311 whipponwill Arive Galslan, Al 35901		Х				5.24.23	~ 300°	
ena HGook	212 Brood St. Comben, Al 36726 184 E Meighan Blue Cropolina Al 35003		χ				5.24-22	25"	
Anonymous	Gersden, Al 35903	X					5-24-20	150	
Anongmous				_			5-14-20	100	
							5-20-2	100	
Anonymous							5-20-22	100'-	
				_					
FORM REVISED 10.27.2011	TOTAL CASH CONTRIBUTIONS THIS PAGE								

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

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

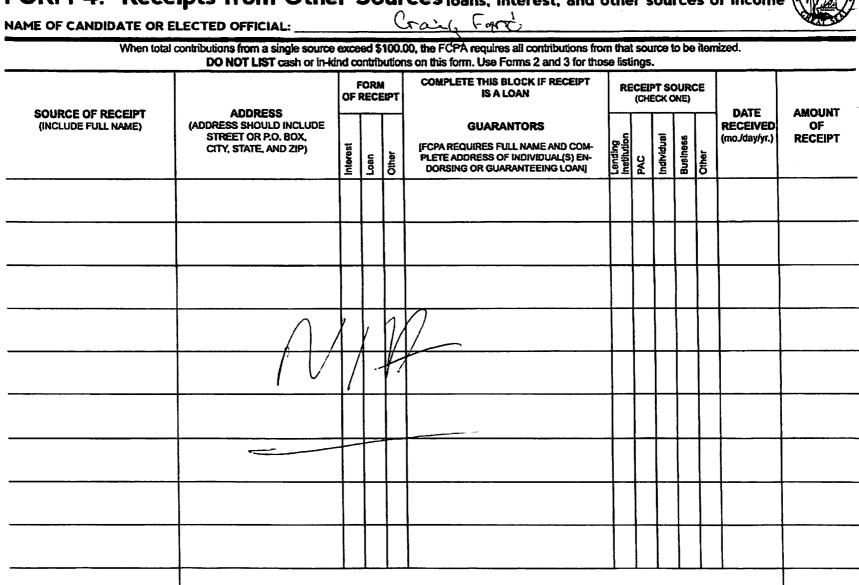


Coal for 2 NAME OF CANDIDATE OR ELECTED OFFICIAL: When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. **NATURE OF CONTRIBUTION** SOURCE (CHECK ONE) (CHECK ONE) **CONTRIBUTOR ADDRESS** Administrative
Advertising
Consultants/
Politing DATE **AMOUNT** (INCLUDE FULL NAME) **Fransportation** (ADDRESS SHOULD INCLUDE Business/ Corporation Individual PAC CONTRIBUTION Equipment OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION Food Other (mo./day/yr.) **TOTAL IN-KIND CONTRIBUTIONS THIS PAGE** \$0.00 FORM REVISED 10.27.2011

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

FORM REVISED 10.27.2011

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



TOTAL RECEIPTS THIS PAGE

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: _______ Craig For



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

					Pl	IRPC	SE (CH						
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	Food	Fundraising	Loan	Lodging	Trensportetion	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
nodel T's	100 East Main St Centre, E/L 35960		X									5-6-22	2,376 ⁸⁶
nodel T's isdn Printing del T's	716 Brock St.		X									5-19-22	1, 276
del T's	(calster, A) 3590) 100 East man & Centre, Dr 35960		٨									2-3895	1, 276 675 ⁵
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FORM REVISED 10.27.2011					T	OT	AL	EX	PEN	IDIT	URES THIS	PAGE	4.328