



FILED

AUG 25 2020

SCOTT W. HASSELL  
JUDGE OF PROBATE

# Political Action Committee Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Political Action Committee (as appears on statement of Organization)		Acronym for PAC	
Joseph Hutchins			
Address (as appears on Statement of Organization)		<input type="checkbox"/> Check box if reporting new address	
5116 Honeysuckle Ln W			
City	State	ZIP Code	Telephone Number
Southside	AL	35907	2564415840

Type of Report (check one)

- ☐ Monthly  
☒ Weekly  
☐ Amended Monthly  
☐ Amended Weekly

For Monthly Reports

Month for which the report is filed.

For Weekly Reports

Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

8/21/2020

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$50.00
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	\$405.92
2b	Non-itemized cash contributions	2b	
2c	Non-itemized employee payroll contributions	2c	
2d	Total cash contributions (add lines 2a, 2b and 2c)	2d	\$405.92
<b>In-Kind Contributions</b>			
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	\$0.00
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	\$405.92
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	\$405.92
<b>Expenditures on Line of Credit</b>			
6a	Itemized expenditures (total from Form 6)	6a	
6b	Non-itemized expenditures	6b	
6c	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.00
7	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	7	\$50.00

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_ My commission expires the \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_.

Signature of Notary Public

Print Notary's Name

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.

Joseph Hutchins  
Signature of Chairperson or Treasurer of Political Committee

8-24-20  
Date



# FORM 2: Contributions received by political action committee

NAME OF POLITICAL ACTION COMMITTEE: Joseph Hutchins

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 (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business (not a corporation)	Corporation	Individual	Other	Returned		
Joseph Hutchins	5116 Honeysuckle Ln W Southside, AL 35907			✓			8/19/2020	\$ 335.92
Joseph Hutchins	5116 Honeysuckle Ln W Southside, AL			✓			8/20/2020	\$ 50.00
Joseph Hutchins	5116 Honeysuckle Ln W Southside, AL			✓			8/23/2020	\$ 20.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$ 405.92



# FORM 5: Expenditures by political action committee

NAME OF POLITICAL ACTION COMMITTEE: Joseph Hutchins

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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
USPS	700 Chestnut St Gadsden, AL 35901		✓									8/19/2020	\$ 335.92
Facebook	Menlo Park, CA		✓									8/20/2020	\$ 50.00
Facebook	Menlo Park, CA		✓									8/23/2020	\$ 20.00
TOTAL EXPENDITURES THIS PAGE												\$ 405.92	



NAME OF POLITICAL ACTION COMMITTEE: Joseph Hutchins

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION		
SCOTT W. HASSELL JUDGE OF PROBATE AUG 24 2020 FILED													
	TOTAL EXPENDITURES THIS PAGE												\$ 0.00

FORM REVISED 05.24.2017



# FORM 3: In-Kind Contributions received by political action committee

NAME OF POLITICAL ACTION COMMITTEE: Joseph Hutchins

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 contributions or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business (not a corporation)	Corporation	Individual	Other		
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															\$ 0.00



# FORM 4: Receipts from Other Sources

loans, interest, and other sources of income

NAME OF POLITICAL ACTION COMMITTEE: Joseph Hutchins

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.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN  GUARANTORS  [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORISING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	Individual	Business	Other			
<div style="transform: rotate(-45deg); color: red; font-weight: bold;">             FILED              AUG 24 2020              SCOTT N. HASSELL              JUDGE OF PROBATE           </div>												
<b>TOTAL RECEIPTS THIS PAGE</b>											\$ 0.00	