THIS AREA FOR OFFICIAL USE ONLY

Type of Report (check one)

FILED

AUG 1 0 2020

SCOTT W. HASSELL

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

	Please Print in Ink or Type.			∐ Mon	•	Amended Monthly
Nan	ne of Candidate or Elected Official Political Par	ty/Ballot	Affiliation	X Wee	•	Amended Weekly
	Joseph Hutchins			For Monthly Re Month for which		
Offi	ce Sought or Held (include district or circuit number, if applicable)			report is filed.		
Add	outhside City Council Place #3			For Weekly Re Date of Friday i		
Auc	5116 Honeysuckle Ln			week for which		8/7/20
City	State ZIP Code Telephone			report is filed. Total Number	n f	
	Southside AL 35901 254	-44	1-5840	Pages in Repo		
S	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)	4			1	50.00
	Cash Contributions		· •	2	1	
	Itemized cash contributions (total from Form 2)	2a		305.41		
2b	Non-itemized cash contributions	2b				
2c		_			2c	305,41 50.00
	In-Kind Contributions	1			1	
3a	Itemized in-kind contributions (total from Form 3)	3a				
3b	Non-itemized in-kind contributions	3b				
Зс	Total in-kind contributions (add lines 3a and 3b)	3c		\$0.00		
	Receipts from Other Sources				•	
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
	Expenditures			'	1	
5a	Itemized expenditures (total from Form 5)	5a		305.41		
5b		5b				
5c					5c	305A1-50-00
	Expenditures on Line of Credit	7			I	
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, 2c, & 4c, then subtract line 5				7	50.00 -++-++
•	1 (,		 			
	equired by the Alabama Fair Campaign Practices Act, I hereby	wom to	and subsc	ribed before me	this	day of
	ear or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are	fur	ust of th	e year <u>202</u>	ວ	My commission expires
rue	and correct and that this information is a full and complete	~	Λ		•	year <u>2022</u> .
รเลร	ement of all contributions, expenditures, and other required the	<u>~</u>	<u> </u>	~·		,

108/10/20

Print Notary Name

information during the applicable period of time.

Signature of Candidate or Elected Official

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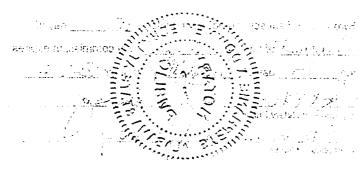
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: 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) CONTRIBUTOR (INCLUDE FULL NAME) ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **AMOUNT** DATE OF CONTRIBUTION CONTRIBUTION Business or Corporation Individual PAC RECEIVED (mo./day/yr.) Southside Joseph Hutchins 5116 Honeysuckle Ln WAL 35507 305.41 08/09/20 **TOTAL CASH CONTRIBUTIONS THIS PAGE** \$ 305.41 FORM REVISED 10.27.2011

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:

When total	al contributions from a single source exceed \$100.0 DO NOT LIST cash or loans on thi	00, th s for	e F(m. L	CPA Jse F	omi	ires a s 2 a	all co and 4	ontrib 4 for	oution thos	ns fro se lis	om th tings	nat so s.	OUTO	e to be itemized.	
	NATURE OF CONTRIBUTION SOURCE (CHECK ONE) CONTRIBUTOR ADDRESS														
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Administrative Advertising Consultants/ Poiling Equipment Food Rent Trensportation Individue PAC Other		DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION									
	·														
ORM REVISED 10.27.2011		T)TC	AL I	N-K	INI	C	ON	TRI	BU	TIO	NS	TH	IIS PAGE	\$0.00

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:

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	ADDDECC				COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R					DATE	AMOUNT
(INCLUDE FULL NAME)	DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. FORM OF RECEIPT	RECEIVED (mo./day/yr.)	OF									
FORM REVISED 10.27.2011					TOTAL REC	EIP	TS	THI	S P	AG	E	\$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. PURPOSE OF EXPENDITURE (CHECK ONE) **AMOUNT** PERSON/GROUP/BUSINESS **ADDRESS** DATE OF OTHER (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) EXPENDITURE **RECEIVING EXPENDITURE** EXPENDITURE (mo./day/yr.) (INCLUDE FULL NAME) BRIEF EXPLANATION 08/09/20 New York, New York 305.41 Vistaprint **TOTAL EXPENDITURES THIS PAGE** \$1305.411 FORM REVISED 10.27.2011

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

FORM 6: Expenditures On Line of Credit 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.

					PU	IRPO	SE C						
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Politing	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
FORM REVISED 5.19.2017		FORM REVISED 5.19.2017 TOTAL EXPENDITURES THIS PAGE										PAGE	\$ 0.00