Type of Report (check one)

JONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

	1 SOLILIAIKI I OKII I			Mon	thly	Amended Monthly
Nai	Please Print in Ink or Type. me of Candidate or Elected Official Political P.	arty/Ballot	Affiliation	☐ Wee	kly	Amended Weekly
	LARRY P. KERNEYOR			For Monthly R	and a second second	
	ice Sought or Held (include district or circuit number, if applicable)			Month for whic report is filed.	n the	
_(dress Check box if reporting new address			For Weekly Re	A (1) (1) (1) (1) (1) (1) (1)	
				Date of Friday week for which		
City	State ZIP Code Telephone	Number		report is filed.		
	RAINBOW CITY, AL 3570, 256	442	9013	Total Number Pages in Repo		
ed Subse						
S	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing	1)			1	
	Cash Contributions	0-			1	
2a	,	2a				
2b		2b				
2c					2c	\$0.00
_	In-Kind Contributions				1	
	Itemized in-kind contributions (total from Form 3)	3a				
_	Non-itemized in-kind contributions	3b				
3с	Total in-kind contributions (add lines 3a and 3b)	3c	FILE	\$0.00		
	Receipts from Other Sources			7549		
4a	Itemized Receipts from Other Sources (total from Form	4) 4a	AUG 1/	2020		
4b	Non-itemized Receipts from Other Sources	4b				
4c	Total receipts from other sources (add lines 4a and 4b)	S	COTT W.	HASSELL	4c	\$0.00
	Expenditures	J	UDGE OF	PROBATE		
5a	Itemized expenditures (total from Form 5)	5a				
5b	Non-itemized expenditures	5b				
5с	Total expenditures (add lines 5a and 5b)				5c	\$0.00
	Expenditures on Line of Credit					
6a	Itemized expenditures (total from Form 6)	6a				
6b	Non-itemized expenditures	6b				
6с	Total expenditures on credit (add lines 6a and 6b)	6c		\$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5	ōc)			7	\$0.00
swe attac rue state	ched report(s) and the information contained herein are and correct and that this information is a full and complete	36	of the	spear OV SCOTT W. H SCOTT W. H SCOTT W. H SCOTT OFFICE SPOST OFFI SPOST OFFI	ASSE	day of My commission expires
Sign	ature of Candidate or Elected Official Date			GAUS	>	

Print Notary's Name