FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

AUG 1 4 2020

BARBARA M. JENKINS Notary Public, Alabama State At Large My Commission Expires July 20, 2022

SCOTT W. HASSELI	_
JUDGE OF PROBATE	=
Type of Report (check one)	_

	Please Paint in July on Time					Mont	hly	Amended Monthly	
Nar	Please Print in Ink or Type. me of Candidate or Elected Official	Political Party/	Ballot A	Milation	\boxtimes	Weel	dy	Amended Weekly	
	rcus (Mark) Arnett	Republic	an		For Monti Month for		•	August	
	ce Sought or Held (include district or circuit number, if applicable)				report is fi			August	
	uthside City Council - Place 5				For Week Date of Fr	-	•		
	dress Check box if reporting new address O5 Marshall Court				week for v	•		8/21/2020	
City		Telephone Nu	nber		report is fi		. •		_
So	uthside AL 35907	256-4	90-0	233	Total Nun Pages in			6	
									_
S	ummary of activity since last filed report								
1	Beginning balance (ending balance from previo	us filing)					1	\$39.7	7
	Cash Contributions								
2a	Itemized cash contributions (total from Form 2)		2a						
2b	Non-itemized cash contributions		2b		\$(0.00			
2c	Total cash contributions (add lines 2a and 2b)						2c	\$0.0	00
	In-Kind Contributions					,	•		
3a	Itemized in-kind contributions (total from Form 3	3)	3a						
3b	Non-itemized in-kind contributions		3b		\$(0.00			
3с	Total in-kind contributions (add lines 3a and 3b)		3c			0.00			
	Receipts from Other Sources				<u> </u>				
4a	Itemized Receipts from Other Sources (total from	m Form 4)	4a		\$0	.00			
4b	Non-itemized Receipts from Other Sources		4b			.00			
4c	Total receipts from other sources (add lines 4a	and 4b)					4c	\$0.0	,o
	Expenditures					L			
5a	Itemized expenditures (total from Form 5)		5a		\$(0.00			
5b	Non-itemized expenditures		5b			0.00			
5c	Total expenditures (add lines 5a and 5b)		•				5c	\$0.0	Ö
	Expenditures on Line of Credit					ı			٦
6a	Itemized expenditures (total from Form 6)		6a		\$0	0.00			
6b	Non-itemized expenditures		6b			0.00			
6c	Total expenditures on credit (add lines 6a and 6	3b)	6c			0.00			
7	Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)					7	\$39.7	\overline{a}
swe: attac rue state	equired by the Alabama Fair Campaign Practices Act, I here are or affirm to the best of my knowledge and belief that ched report(s) and the information contained herein and correct and that this information is a full and complement of all contributions, expenditures, and other requirements of the applicable period of time.	the Swo are <u>H</u> ete	ща	and subscri	year <u>2.0</u>	120	1	144 day of My commission expires year 2022	s

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: Marcus (Mark) Arnett

When total contribut	tions from a single source exceed \$100.00, the FCPA requires all contrib O NOT LIST in-kind contributions or loans on this form. Use Forms 3 an	oution d 4 fe	ns fro	om th	nat so isting	ource as.	e to be itemized.	
CONTRIBUTOR	ADDRESS	T	S CO	OUR	CE BUTI			AMOUNT
(INCLUDE FULL NAME)		Business or Corporation	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
FORM REVISED 10.27.2011	TOTAL CASH CON	TRI	BU	TIO	NS	ТН	IIS PAGE	\$0.00

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: Marcus (Mark) Arnett

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** DATE **AMOUNT** Administrative ransportation (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE Advertising Consultants/ Polling Equipment Business/ Corporation CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) Individual **RECEIVED** CONTRIBUTION Officer PAC Other Food (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 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Marcus (Mark) Arnett

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.

	99900	FORM OF RECEIPT	FORM	Ļ	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECEIPT SOURCE (CHECK ONE)	.:	FNICWA
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution PAC Individual Business	œ 5	
FORM REVISED 10.27.2011					TOTAL RECE	TOTAL RECEIPTS THIS PAGE	IGE	\$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: Marcus (Mark) Arnett



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

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

Expenditures On Line of Credit by candidate or elected official FORM 6:

NAME OF CANDIDATE OR ELECTED OFFICIAL: Marcus (Mark) Arnett



EXPENDITURE AMOUNT When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. EXPENDITURE (mo./day/yr.) DATE OF GIVE BRIEF EXPLANATION OTHER PURPOSE OF EXPENDITURE (CHECK ONE) Interest Transportation Buigbod Fundraising Food Contribution Consultants/ Polling **Advertising** Administrative (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **ADDRESS** PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)

\$ 0.00

TOTAL EXPENDITURES THIS PAGE

FORM REVISED 5.19.2017