



FILED

AUG 08 2022

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official Mary Carolyn Machen		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) Gadsden City Council District 4			
Address <input type="checkbox"/> Check box if reporting new address 1403 Rainbow Drive			
City Gadsden	State AL	ZIP Code 35901	Telephone Number 910-584-5116

SCOTT W. HASSELL
JUDGE OF PROBATE

Type of Report (check one)
☐ Monthly ☐ Amended Monthly
☒ Weekly ☐ 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

8/5/2022

6

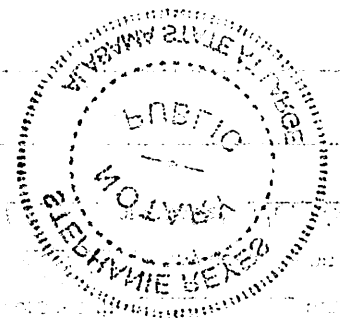
Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	\$1,438.53
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	\$3,670.00
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$3,670.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	\$1,302.89
3b	Non-itemized in-kind contributions	3b	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$1,302.89
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			
5a	Itemized expenditures (total from Form 5)	5a	\$1,290.99
5b	Non-itemized expenditures	5b	\$5.00
5c	Total expenditures (add lines 5a and 5b)	5c	\$1,295.99
Expenditures on Line of Credit			
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 5c)	7	\$3,812.54

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.

Mary Carolyn Machen 8/6/22
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 08 day of August of the year 2022.
 the 21 day of June 2026.
Stephanie Reynolds
 Signature of Notary Public
 Stephanie Reynolds
 Print Notary's Name



1. Name of patient	2. Date of birth	3. Sex
4. Address	5. City	6. State
7. Occupation	8. Education	9. Religion
10. Marital status	11. Number of children	12. Date of last menstrual period
13. Date of admission	14. Date of discharge	15. Date of death
16. Cause of death	17. Place of death	18. Date of burial
19. Name of physician	20. Name of hospital	21. Name of funeral home
22. Name of undertaker	23. Name of cemetery	24. Name of burial place
25. Name of next of kin	26. Name of executor	27. Name of administrator
28. Name of guardian	29. Name of trustee	30. Name of beneficiary
31. Name of executor	32. Name of administrator	33. Name of beneficiary
34. Name of executor	35. Name of administrator	36. Name of beneficiary
37. Name of executor	38. Name of administrator	39. Name of beneficiary
40. Name of executor	41. Name of administrator	42. Name of beneficiary
43. Name of executor	44. Name of administrator	45. Name of beneficiary
46. Name of executor	47. Name of administrator	48. Name of beneficiary
49. Name of executor	50. Name of administrator	51. Name of beneficiary
52. Name of executor	53. Name of administrator	54. Name of beneficiary
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58. Name of executor	59. Name of administrator	60. Name of beneficiary
61. Name of executor	62. Name of administrator	63. Name of beneficiary
64. Name of executor	65. Name of administrator	66. Name of beneficiary
67. Name of executor	68. Name of administrator	69. Name of beneficiary
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88. Name of executor	89. Name of administrator	90. Name of beneficiary
91. Name of executor	92. Name of administrator	93. Name of beneficiary
94. Name of executor	95. Name of administrator	96. Name of beneficiary
97. Name of executor	98. Name of administrator	99. Name of beneficiary
100. Name of executor	101. Name of administrator	102. Name of beneficiary

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82. Name of executor	83. Name of administrator	84. Name of beneficiary
85. Name of executor	86. Name of administrator	87. Name of beneficiary
88. Name of executor	89. Name of administrator	90. Name of beneficiary
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100. Name of executor	101. Name of administrator	102. Name of beneficiary

SCOTT W. HASSETT
JUDGE OF PROBATE

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Mary Carolyn Machen

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 COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
TOTAL RECEIPTS THIS PAGE												\$0.00

NAME OF CANDIDATE OR ELECTED OFFICIAL: Mary Carolyn Machen

[illegible]



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Mary Carolyn Machen

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	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION		
TOTAL EXPENDITURES THIS PAGE												\$ 0.00	