Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

FILED

JUL 2 3 2020

SCOTT W. HASSELL JUDGE OF PROBATE

/	ne of Candidate or Elected Official Anderson Political Party/E Repub See Sought or Held (include district or circuit number, if applicable)	allot	Affiliation	Date Covered I	oy Report	
Add 7	Sun of Atoona Concil Sent 5 ress Check box if reporting new address 20 6th Avenue P.O. Box 482 Albora HL 3945 (256) 46		0464	Total Number of in Report	of Pages	Amended Daily Repo
S	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)				1	\$ 0,00
	Cash Contributions				ŀ	
	Itemized cash contributions (total from Form 2)	2a				
	Non-itemized cash contributions	2b				
2c	Total cash contributions (add lines 2a and 2b)				2c	\$0.0
	In-Kind Contributions				ľ	
3a	Itemized in-kind contributions (total from Form 3)	3a				
3b	Non-itemized in-kind contributions	3b				
-	Total in-kind contributions (add lines 3a and 3b)	3с		\$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	\$0.0
	Expenditures					
5a	Itemized expenditures (total from Form 5)	5a				
5b	Non-itemized expenditures	5b				
5c	Total expenditures (add lines 5a and 5b)				5c	\$0.0
	Expenditures on Line of Credit					
6a	Itemized expenditures on line of credit (total from Form 6)	6a				
6b	Non-itemized expenditures on line of credit	6b				
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c		\$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				7	60.7

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.

Walthur Sall
Signature of Candidate or Elected Official

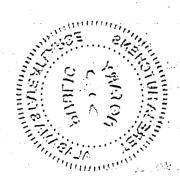
Date

Sworn to and subscribed before me this day of
July of the year 2020. My commission expires
the 3 day of Jan of the year 2021
Alux Hilen
Signature of Notary Public
Teresa Hutchens
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101, 2.3, 2026

SCOTT W. HASSELL JUDGE OF PROBATE



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 an	d 4 fo	or th	ose	listin	gs.		
	ADDRESS	OF	CO	OUR NTRI IECK	BUT	ION	DATE	AMOUNT
CONTRIBUTOR (INCLUDE FULL NAME)		Business or Corporation	Individual	PAC	Other	Returned	CONTRIBUTION RECEIVED (mo./day/yr.)	OF CONTRIBUTION
FORM REVISED 9.2.2011	TOTAL CASH CON	TRI	BU	TIC)NS	S TH	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



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

PO NOT USE cach or least on this form. Use Forms 2 and 4 for those listings.

	DO NOT LIST cash or loans on this	s for	m. L	Jse F	orm	s 2 a	and ·	4 for	thos	se lis	tings	S.			
			NAT	URE (OF C	ONT K ON	RIBU E)	ИОП	1	(SOU	RCE K ON	E)	5475	AMOUNT
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	OF CONTRIBUTION
FORM REVISED 9.2.2011		T	ОΤ	AL I	N-F	(IN	D C	ON	ITR	IBU	ITIC	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

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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.

	4000500		FOR	A EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R		PT S		CE	DATE	AMOUNT
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (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) EN- DORSING OR GUARANTEEING LOAN]	Lending	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	OF RECEIPT
FORM REVISED 9.2.2011					TOTAL REC	EIP	TS	TH	S F	ΆG	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.

				<u>a</u>	JRPC	SE C	PURPOSE OF EXPENDITURE (CHECK ONE)	PENE NE)	RUTIO	Щ		
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Podging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
									,			
	·											
FORM REVISED 9.2.2011				 -	.OT,	AL I	Ϋ́	N N	DIT	TOTAL EXPENDITURES THIS PAGE	PAGE	\$0.00

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

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

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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	JRPO	SE C	F EX	(PEN ONE)	DITU	RE		
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
FORM REVISED 5.19.2017					T	OTA	AL I	EXF	PEN	רוסו	URES THIS I	PAGE	\$ 0.00