Office



Held (include district or circuit number, if applicable)

if reporting new address

FILED

SEP 1 6 2022

Candidate & Elected Official Campaign Finance Report **SUMMARY FORM 1**

Please Print in Ink or Type.

SCOType of Report Jeller	TT W. HASSELL
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.	Aug 27 Sept 2
Total Number of	

City	GASSEN AL. 35901 25939	nber	2012	Total Number	of	/
	GHOWEN HL. 53901 (25939	2.	2860	Pages in Rep		4
S	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)				18	1,225.39
	Cash Contributions	4 14 JUS				
2a	Itemized cash contributions (total from Form 2)	2a		0		
2b	Non-itemized cash contributions	2b		0		
2c	Total cash contributions (add lines 2a and 2b)	ELL			2c	0
	n-Kind Contributions	57/4				
3a	Itemized in-kind contributions (total from Form 3)	3a		0		
3b	Non-itemized in-kind contributions	3b		6		
3с	Total in-kind contributions (add lines 3a and 3b)	3с		0		
	Receipts from Other Sources				7	
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		0		
4b	Non-itemized Receipts from Other Sources	4b			2.1	
4c	Total receipts from other sources (add lines 4a and 4b)			A Comment	4c	
	Expenditures		- 4.	. 00	- 1.0 1	
5a	Itemized expenditures (total from Form 5)	5a	# 6	,0	_	
5b	Non-itemized expenditures	5b		0	- 12	81000
5c	Total expenditures (add lines 5a and 5b)		2 %		5c	60
	Expenditures on Line of Credit	10.00			7	
6a	Itemized expenditures (total from Form 6)	6a			_	
6b	Non-itemized expenditures	6b		0	_	
6c	Total expenditures on credit (add lines 6a and 6b)	6c				1115 36
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	, ,		THE STATE OF THE S	7	61,165.59
			-	现在1个种位在在人类的。		

Political Party/Ballot Affiliation

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.

Signature of Candidate or Elected Official Date

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Swom to and subscribed before me this day of
Sept of the year 2022. My commission expires
he aday of 1. Sept of the year 2024
of am Bone
Signature of Notary Public BONE
Print Notary's Name

Contract State of the April 1992

200 8 1 438

SCOTT WITASSELL PROBATE 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: Docht Avice

FORM REVISED 10.27.2011 CONTRIBUTOR (INCLUDE FULL NAME) 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. (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **ADDRESS** TOTAL CASH CONTRIBUTIONS THIS PAGE SOURCE
OF CONTRIBUTION
(CHECK ONE) Corporation Individual PAC Other Returned CONTRIBUTION RECEIVED (mo./day/yr.) DATE CONTRIBUTION AMOUNT

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 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	for	m. U	se F	orm	s 2 a	and 4	for	ihos	e lis	lings			5 to 55 homes.	
				NAT	URE (OF C	ONTI K ONI	RIBU E)	TION		(0	SOU CHEC	RCE K ONI	≣)		
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INC STREET OR P.O. BOX, CITY, STA	LUDE ATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
	1															
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FORM REVISED 10.27.2011			TC	OT/	AL II	N-K	INE) C	ON.	TRI	BU	TIO	NS	TH	IS PAGE	The second secon

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: NO DENH AVERY

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.

		JOE	PA	HIS.	S T	PŢ	TOTAL RECEIPTS THIS PAGE	1
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RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending institution	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) E	(INCLUDE FULL NAME)
		CE	RECEIPT SOURCE (CHECK ONE)	PT S	(<u>)</u> 전	70	OF RECEIPT OF RECEIPT ADDRESS FORM COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	SOURCE OF RECEIPT
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by equidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: KO bent



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

BEDGGWG					P	URP	OSE (OF E	XPEN ONE)	DITU	IRE		
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	Charitable	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
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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: NO BERT AVERY



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

	AGE	I OTAL EXPENDITURES THIS PAGE	Į		X	Ī		=	1				FORM REVISED 5.19.2017
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AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Interest	Transportation	Lodging	Fundraising	Food	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	PURPOSE OF EXPENDITURE (CHECK ONE)			(CH (CH (CH (CH (CH (CH (CH (CH (CH (CH	됳	ا ا	1 1	1 	\Box		
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