Type of Report Check ToneW. HASSELL



statement of all contributions, expenditures, and other required

information during the applicable period of time.

Signature of Candidate or Elected Official

FORM REVISED 06.06.2017

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

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AUG 1 5 2022

SINGN C. HOPN Office Sought or Held (include district or circuit number if annicable)		rty/Ballot Affiliation	For Monthly F	For Monthly Reports Month for which the report is filed.		naed weekly
Add	City Council Dist. 7 Iress Check box If reporting new address T2 SouthERN AVE		For Weekly R Date of Friday week for which	in the		Aug 2022
City	GADSLEW State ZIP Code Telephone 35904 (317)	Number 432 -98	report is filed. Total Number Pages in Rep			1
Si	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)			1	\$ 20	0,00
	Cash Contributions					
2a	Itemized cash contributions (total from Form 2)	2a				
2b	Non-itemized cash contributions	2b				
2c	Total cash contributions (add lines 2a and 2b)			2c	Í	\$0.00
	In-Kind Contributions					
3a	Itemized in-kind contributions (total from Form 3)	3a				
3b	Non-itemized in-kind contributions	3b				
3с	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.0	o 🔭		
	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	4	\$0.00
	Expenditures					
5a	Itemized expenditures (total from Form 5)	5a				
5b	Non-itemized expenditures	5b				
5c	Total expenditures (add lines 5a and 5b)			5c	9	\$0.00
	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	\$0.0	o 🕌 🖫		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5	5c)		7	₹2c	0.000.00
swe	required by the Alabama Fair Campaign Practices Act, I hereby ear or affirm to the best of my knowledge and belief that the ached report(s) and the information contained herein are and correct and that this information is a full and complete	Sworn to and	subscribed before m		->My comm	day of mission expires

Print Notary's Name