FORM REVISED 06.06 2017

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AUG 0 1 2022

SCOTT W. HASSELL

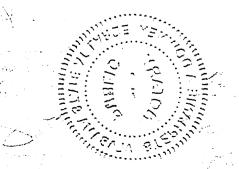
Type of Rall DGE OF PROBATE

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

	Disease Delete in Indiana			N ISS	Monthly	Amended Monthly		
Nam	Please Print in Ink or Type. ne of Candidate or Elected Official Political Party/E	Ballot F	Affil	ilation	X	Veekly	Amended Weekly	
	5INEN C. HORN				For Month! Month for w			
Offic	se Sought or Held (include district or circuit number, if applicable)				report is file			
	City (OUNCI)				For Weekly Date of Fric	S. Transfer and S. Contraction		
Add	C'ty (DUNC.) ress Check box if reporting new address 42 Southern AVE				week for wh	nich the		
	City GASSEN State ZIP Code Telephone Num AC 35704 317 43			0.10	report is file			
	GARSGEP AC 33 107 311 4.	, ,	، ن	570	Pages in R	eport		
S	ummary of activity since last filed report							
1	Beginning balance (ending balance from previous filing)					1	Ø	
	Cash Contributions						,	
2a	Itemized cash contributions (total from Form 2)	2a						
2b	Non-itemized cash contributions	2b	, in the second				8	
2c	Total cash contributions (add lines 2a and 2b)					2c		
	In-Kind Contributions							
За	Itemized in-kind contributions (total from Form 3)	За						
3b	Non-itemized in-kind contributions	3b						
3c	Total in-kind contributions (add lines 3a and 3b)	3c						
	Receipts from Other Sources			= 5				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		100	16.32	-		
4b	Non-itemized Receipts from Other Sources	4b						
4c	Total receipts from other sources (add lines 4a and 4b)					4c	1096.32	
	Expenditures		10000					
5a	Itemized expenditures (total from Form 5)	5a		109	6.32			
5b	Non-itemized expenditures	5b		,	•			
5c	Total expenditures (add lines 5a and 5b)					5c	1096.32	
	Expenditures on Line of Credit							
6a	Itemized expenditures (total from Form 6)	6a						
6b	Non-itemized expenditures	6b						
60	Total expenditures on credit (add lines 6a and 6b)	6c						
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				7	Ø	
swe atta true sta	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 tement of all contributions, expenditures, and other required to the correction during the applicable period of time.		かんして		of 76	2	day of	
Sic	nature of Candidate or Elected Official Date	1	_	١.	T	2000		

AH6 0 1 2022

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



When total contribut	ions from a single source exceed \$100.00, the FCPA requires all cont O NOT LIST in-kind contributions or loans on this form. Use Forms 3	tributior	ns fro	om th	nat so	ource as.	e to be itemized.				
			s co	OUR NTRI			DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION			
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned					
FORM REVISED 10.27.2011	TOTAL CASH CONTRIBUTIONS THIS PAGE										

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.

vanen to	lal contributions from a single source exceed \$100.0 DO NOT LIST cash or loans on thi												ourc	e to be itemized.	
00177171707	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		NATURE OF CONTRIBUTION SOU (CHECK ONE) (CHEC												
CONTRIBUTOR (INCLUDE FULL NAME)		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
	·														
RM REVISED 10.27.2011	REVISED 10.27.2011 TOTAL IN-KIND CONTRIBUTIONS THIS PAGE								IS PAGE						

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: SINGN C、HORN

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.

FORM REVISED 10.27.2011 > INON HORN 42 Souther Ave SOURCE OF RECEIPT (INCLUDE FULL NAME) ADDRESS

(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) OF RECEIPT Interest FORM $\overline{\times}$ Loan 442 . Other SINGA HORON [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE THIS BLOCK IF RECEIPT IS A LOAN **GUARANTORS** TOTAL RECEIPTS THIS PAGE Lending Institution RECEIPT SOURCE (CHECK ONE) PAC Individual **Business** Other 07/01/22 1096,32 (mo./day/yr.) RECEIVED RECEIPT AMOUNT

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

FORM 5: Expenditures by candidate or elected official





When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. **PURPOSE OF EXPENDITURE** (CHECK ONE) PERSON/GROUP/BUSINESS **ADDRESS** DATE OF **AMOUNT** Administrative Transportation OTHER (ADDRESS SHOULD INCLUDE Consultants/ Polling Charitable Contribution Food EXPENDITURE OF Advertising RECEIVING EXPENDITURE Fundraising STREET OR P.O. BOX. CITY, STATE, AND ZIP) **GIVE** (mo./day/yr.) **EXPENDITURE** (INCLUDE FULL NAME) Lodging **BRIEF EXPLANATION** 2235 MERCATOR DR 07/02/22 11525 Store Hollow DR. Austin, TX 78758 07/01/22 Norwood MA 02062 X 601 GEORGE WALLACE DR **TOTAL EXPENDITURES THIS PAGE** FORM REVISED 10.27.2011

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:



FORM REVISED 5.19.2017 PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) Administrative Advertising Consultants/ Polling Charitable TOTAL EXPENDITURES THIS PAGE PURPOSE OF EXPENDITURE (CHECK ONE) Contribution Food Fundraising Lodging Transportation Interest GIVE BRIEF EXPLANATION OTHER DATE OF EXPENDITURE (mo./day/yr.) OF EXPENDITURE **AMOUNT**