## FILED

FILED

SCOTT W. HASSELL

SEP 08 2020



SCOTT W. HASSELL JUDGE OF PROBATE

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SUMMARY FORM 1	Type of Report (check upper of PROBATE  Monthly  Amended Monthly
Please Print in Ink or Type.	Weekly Amended Weekly
Name of Candidate or Elected Official Political Party/Ballot Affiliation  Office Sought or Held (include district or circuit number, if applicable)	For Monthly Reports Month for which the report is filed.
Address Check box if reporting new address  154 Hidlen (irc)e	For Weekly Reports Date of Friday in the week for which the report is filed.  S/29 - 9/4  2020
Rain bow (: 44 A) State ZIP Code   Telephone Number 35106 756 393 0147	Total Number of Pages in Report

s	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous filing)					1	27.15
	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	\$0.00
	In-Kind Contributions						
3a	Itemized in-kind contributions (total from Form 3)	3a					
3b	Non-itemized in-kind contributions	3b					
Зс	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	,	000.0	0		
4b	Non-itemized Receipts from Other Sources	4b					
4c	Total receipts from other sources (add lines 4a and 4b)					4c	1000,00 \$0.00
	Expenditures				,		
5a	Itemized expenditures (total from Form 5)	5a		72,97	7		
5b	Non-itemized expenditures	5b					
5c	Total expenditures (add lines 5a and 5b)					5c	72.97 \$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			\$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)					7	954, 18 \$0.00

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

19/8/2040	
Date /	

Sworn to and subscribed before me this Apt Mair of the year My Comm. Expires Signature of Notary Public

### 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 and 4 for those listings. SOURCE **OF CONTRIBUTION** (CHECK ONE) **ADDRESS** DATE **AMOUNT CONTRIBUTOR** (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) CONTRIBUTION OF Corporation Individual STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION PAC Officer (mo./day/yr.)

TOTAL CASH CONTRIBUTIONS THIS PAGE

\$0.00

FORM REVISED 10.27.2011

### 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 form. Use Forms 2 and 4 for those listings.

			NAT	URE (	OF C	ONTI K ONI	RIBU E)	TION	1	((	SOU	IRCE K ON	E)		
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.)	AMOUNT OF CONTRIBUTION
															•
FORM REVISED 10.27.2011		T	OT/	AL I	N-K	CINE	) C	ON	TRI	BU	TIO	NS	ТН	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



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.

	DO NOT LIST CASH OF HEAD	ı	ORM	A	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	T	ECEI					
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	DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
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Name and the second sec												
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FORM REVISED 10.27.2011					TOTAL REC	EIP	TS '	THI	S F	AG	iE	\$1000000

### 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.

					PU	IRPO	SE (	OF 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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Secretary of State	P.O. Box 5614 Montgomery, AL 36103-5614	Х									List	9/1/2020	72,97
·													
FORM REVISED 10.27.2011					T	<b>ATC</b>	\L I	EXF	PEN	DIT	URES THIS I	PAGE	₹72,9₹%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

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.

ADDRESS (ADDRESS SHOULD INCLUDE (MICLUDE FULL NAME))  ADDRESS SHOULD INCLUDE (AND ZIP)  A domain of the property of the proper		AGE	EXPENDITURES THIS PAGE		PE?		TOTAL	10.				FORM REVISED 5.19.2017
ADDRESS SHOULD INCLUDE STREET OR PO. BOX, CITY, STATE, AND ZIP)  Advertising Advertising Constitution Food Fundraising Lodging Transportation Food Fundraising Lodging Transportation Interest EXPLANATION  DATE OF EXPENDITURE (mo./day/yr.)												
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PURPOSE OF EXPENDITURE (CHECK ONE)	1	DATE OF EXPENDITURE (mo./day/yr.)	l I								ļ	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
			JRE	אסודר	XPE!	HECK	Pose	PURI				