FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

**FILED** 

# Candidate & Elected Official Campaign Finance Report

AUG 1 5 2022

Z Q Y	SUMMARY FORM 1			Type of Rep	ort (check	T W. HASSELL
					onthlyJUD	GÉ AE BROBATE
Nam	e of Candidate or Elected Official Political Party/E	Bailot A	Affiliation	[-]	eekly/	Amended Weekly
-	Thomas Worthy	///	4	For Monthly Month for w		
Offic	e Sought or Heid (include district or circuit number if applicable)			report is file		
1	Mayor of badsden			For Weekly Date of Frid		
Addı	ress Check box if reporting new address  **Test Ave**  Clest Ave**			week for wh	ich the	
City	State ZIP Code Telephone Nur	nber		report is file		
	Cadsden 1/2 35901 256	50%	-3049	Pages in R		
			in the second	GREET CONTRACTOR		AND THE PROPERTY OF THE PARTY O
S	ummary of activity since last filed report					- 11:00 3C
1	Beginning balance (ending balance from previous filing)				1	2,409-36
	Cash Contributions	0-1	1 70		_	
-	Itemized cash contributions (total from Form 2)	2a	1300	0.00		
2b	Non-itemized cash contributions	2b	79	17		1 26
2c	Total cash contributions (add lines 2a and 2b)				2c	1,399-99
	In-Kind Contributions					
3а	Itemized in-kind contributions (total from Form 3)	За		0		
3b	Non-itemized in-kind contributions	3b	(	9		
3с	Total in-kind contributions (add lines 3a and 3b)	3с	(	9		
	Receipts from Other Sources					
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	(	0		
4b	Non-itemized Receipts from Other Sources	4b	(	0		
4c	Total receipts from other sources (add lines 4a and 4b)				4c	0
	Expenditures				<u> </u>	
5a	Itemized expenditures (total from Form 5)	5a		0		
5b	Non-itemized expenditures	5b	3	500		
5c	Total expenditures (add lines 5a and 5b)	-			5c	35.00
	Expenditures on Line of Credit	1				
6a	Itemized expenditures (total from Form 6)	6a		O		
6b	Non-itemized expenditures	6b	1 married age 100 gm, grander a	0		
6c	Total expenditures on credit (add lines 6a and 6b)	6c		0		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)				7 .	3,774.35
swe atta true stat info	the carrier of affirm to the best of my knowledge and belief that the sched report(s) and the information contained herein are and correct and that this information is a full and complete element of all contributions, expenditures, and other required formation during the applicable period of times.  Sign parture of Candidate or Elected Official Date	A		am B	202 of of the	day of  Any commission expires e year 202 y

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

## FORM 2: 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.

		OI	F COI	OURO NTRII ECK C	BUT		DATE	AMOUNT
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	OF CONTRIBUTION
Keith Dudley Twin city usedlar	E. Gadsden Ac		/				81232	H 300,00
Twin city used/car	E Gadsden AC 1015 Gaulf fre such FT Payne, Ac	1					8-12-20	# 1,000,0
			/				8-13-22	# 300,00 # 1,000.0 # 99, 99
FORM REVISED 10.27.2011	TOTAL CASH CON	TRI	BU	TIO	NS	ТН	IS PAGE	# 1 39999

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

## FORM 3: In-Kind Contributions received by candidate or elected official

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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.

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		ļ			CHEC	K ON	RIBL E)	JTIOI	i	(	SOU	RCE 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
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FORM REVISED 10.27.2011		TC	TA	\L II	N-K	INE	C	ON.	ΓRI	BU'	ΓΙΟ	NS	ТН	IS PAGE	

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

NAME OF CANDIDATE OR ELECTED OFFICIAL:

# FORM 4: Receipts from Other Sources loans, interest, and other sources of income



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-ki	nd c	ontri	butio	ns on this form. Use Forms 2 and 3 for tho	se lis	tings	<b>3</b> .				
	ADDRESS		FORI REC	M EIPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R	ECEI (CH	PT S ECK			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
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FORM REVISED 10.27.2011					TOTAL REC	EIP	TS	ТНІ	S F	AG	E	

# 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.

#35d	:	DITURES THIS PAGE	I I I	TOTAL EXPENI		ATC	ᇽᆝ					FORM REVISED 10.27.2011
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	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging  Transportation	Loan Repayment	Fundraising	Food	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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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: \_\_

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

	AGE	TOTAL EXPENDITURES THIS PAGE	Ē	PE	E	ĮĮ	0					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	Food Fundraising	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
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