### MONTHLY & WEEKLY

Name of Candidate or Elected Official

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Office Sought or Held (include district or arcuit number, if

### FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

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

Please Print in Ink or Type.

IUN 0 1 2022

SCOTT W. HASSELL

	JUDGE OF PROB
Type of Report (check	( one)
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.	
Total Number of Pages in Report	

City	Gadsden H 3570/ 256-50		Total Numb Pages in R	oer of	
S	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	# 531.24
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	DV/H		
2b	Non-itemized cash contributions	2b	\$ 1250-00		
2c	Total cash contributions (add lines 2a and 2b)		*	2c	\$1,250.00
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	За	NIA		
3b	Non-itemized in-kind contributions	3b	NIH		
3с	Total in-kind contributions (add lines 3a and 3b)	3с	NIA		
9	Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$ 2,000-00	7	
4b	Non-itemized Receipts from Other Sources	4b	NIA		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	\$ 2,000-00
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	48/6-31		
5b	Non-itemized expenditures	5b	\$255-57		
5c	Total expenditures (add lines 5a and 5b)			5c	\$ 1.071-88
	Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a	NIA		
6b	Non-itemized expenditures	6b	NIA		
6c	Total expenditures on credit (add lines 6a and 6b)	6c	NIA		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			7	\$ 2,709-36

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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Sworn to and subschool of the sworn to an area of the sworn to a sworn to	day of
	nmission expires
the day of the year	2024
Parus Bore	
Signature of Notary Public	
L Paym Sone	
Print Notary's Name	

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10 N D 1 2022

SCOTT W. HASSELL JUDGE OF PROBATE

> PATON PATON POLIENA

### FORM 2: Contributions received by candidate or elected official

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NAME OF CANDIDATE OR ELECTED OFFICIAL: Thomas Worthy

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.

	O NOT LIST ITERATED CONTRIBUTIONS OF FORTIS OF THE STATE		SCOI	OUR	E BUTI(		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	CONTRIBUTION RECEIVED (mo./day/yr.)	
			/				5-3-22	\$100.00
			V				5-3-32	\$ 100,00
							5-3-32	\$ 100,00
			~	_			5-3-22	\$ 100,00
			ر	-			5-3-02	\$ 100,00
							5-6-22	\$\$ 100000
			v				5-6-22	\$ 100000
			~			<u> </u>	1	\$ 100,00
			_				5-6-22	#100.00
FORM REVISED 10.27.2011	TOTAL CASH CON	TRI	BU	TIC	NS	TH	IIS PAGE	\$ 100.000.00

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### FORM 2: 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.

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings

DC	O NOT LIST in-kind contributions or loans on this form. Use Forms 3 ar	nd 4 fe	or th	ose	listin	gs.		
		OF	CO	OUR NTRI	BUT			
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.)	AMOUNT OF CONTRIBUTION
			/				5632	\$ 100,00
			<b>/</b>				5600	\$ 100,00 \$ 50,00 \$ 100,00 \$ 100,00
			<i>&gt;</i> /				5-23-22	\$ 100.00
			U				5-2322	\$ 100,00
FORM REVISED 10.27.2011	TOTAL CASH CON	TRI	BU'	TIO	NS	ТН	IS PAGE	# 350,00

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

\$0.00	RIBUTIONS THIS PAGE	I	S	Ö	Ĩ	ᇛ	Ž	8	8	출	TOTAL IN-KIND CONTI	Σ	3		10.27.2011	ORM REVISED 10.27.2011
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				·											11A N/A	
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Corporation	Business/	Transportation Other		Food Rent		Politing Equipment	Consultants/	Advertising	Administrative	(INCLUDE FULL NAME) STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUD
		<u> </u>	ONE	SOURCE (CHECK ONE)	Ĉ£ o		Š	SITUS	)NE)	CO	NATURE OF CONTRIBUTION (CHECK ONE)	TUR	8		·	
	to be itemized.	g E	¥ so	n tha ngs.	fron	ose ose	or and	1 00 14 00 14 00 16 00	sall and	ms 2	For	ပ္ပန္	ā ē	).00, his fi	When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.	
							K		-	1001	1	1		1	E OF CANDIDATE ON ELECTED OFFICIAL:///////	AME OF C

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. homas

\$0.00	m	AGE	S P	로	S	EIP:	TOTAL RECEIPTS THIS PAGE				FORM REVISED 10.27.2011
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#1,000,a	5600			7			Thomas Whithy			8dl Crest Are Galle	Thomas Worthy
OF	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)  Interest	SOURCE OF RECEIPT (INCLUDE FULL NAME)
			RECEIPT SOURCE (CHECK ONE)	PT SI	(SEE	굔	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	FORM F RECE	0	
				•	egim.	10th DC	s on this form. Use Forms 2 and 3 for unuse usunys.	Tournal	800	DO NOT LIST cash or in-kind contributions on this form. Use Forms 2	



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

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N1094.88		TOTAL EXPENDITURES THIS PAGE	IND!	XP	}	잌					FORM REVISED 10.27.2011
5,000 \$ 120.00	5000	·						$\vdash \prec$	1	Godsoln R	Parts & Rec.
H3363	54843							1-2-		N	Fiver
5-1200 \$ 250,00	5-12-8	Fundrase			1	1				Gadsden R	Angla Chas
# #1200	542							<del>  \</del>	-		6-005/e
#3500	Sha						<del>                                     </del>	<del>  \</del>		R,	follergine
5-5-22 \$341.96	5-5-2					2				Codedon Be	Jack's #131
5-5-00 \$ 104.35	5-5-82	//								Golden Ac	Alabora #BS
J 95:87	5400	//				-					
\$ 7905	5400	Fordraise				1					
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	Fundraising	Food	Politing Charitable Contribution	Advertising Consultants/ Polling	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		URE	PURPOSE OF EXPENDITURE (CHECK ONE)	)F EXF	CH (CH	ŮRP	-				
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### 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.

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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	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
NIA	NIA												
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FORM REVISED 5.19.2017					T	ОТ	AL	EXI	PEN	NDI	TURES THIS	PAGE	\$ 0.0