



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

DAILY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

SCOTT W. HASSELL  
JUDGE OF PROBATE

AUG 03 2020

FILED

THIS AREA FOR OFFICIAL USE ONLY

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>ANTHONY CYLRA</b>	City <b>ATTALA</b>
Political Party/Ballot Affiliation <b>DEMOCRAT</b>	State <b>AL</b>
Office Sought or Held (include district or circuit number, if applicable) <b>COUNCILMAN DISTRICT TWO</b>	ZIP Code <b>35954</b>
Address <b>813 4TH ST NW</b>	Telephone Number <b>256-382-5652</b>

Date Covered by Report

Total Number of Pages in Report

Amended Daily Report

## Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1
<b>Cash Contributions</b>		
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
<b>In-Kind Contributions</b>		
3a	Itemized in-kind contributions (total from Form 3)	3a
3b	Non-itemized in-kind contributions	3b
3c	Total in-kind contributions (add lines 3a and 3b)	3c
<b>Receipts from Other Sources</b>		
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
<b>Expenditures</b>		
5a	Itemized expenditures (total from Form 5)	5a
5b	Non-itemized expenditures	5b
5c	Total expenditures (add lines 5a and 5b)	5c
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6

Candidates for State Office and State Elected Officials: File this report with the Office of the Secretary of State  
Candidates for County or Municipal Office and County and Municipal Elected Officials: File this report with the Judge of Probate of the county in which the office is sought.

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 **11-7-20**

FORM REVISED 9.2.2011

Sworn to and subscribed before me this **17th** day of **July** **2020**  
My commission expires the **23rd** day of **November** of the year **2020**  
Signature of Notary Public  
Print Notary's Name  
**Heather Nelson**

FILED

NOV 9 1904

JUDGE OF PROBATE  
SCOTT W. HARRIS





# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: ANTHONY CYLAR

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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION			
SAND MOUNTAIN SIGNS	760 US 431 BOAZ, AL 35957		<input checked="" type="checkbox"/>									SIGNS	8 July 20	\$ 330 <sup>00</sup>
			<input checked="" type="checkbox"/>									SIGNS	16 July	\$ 60 <sup>00</sup>
POST NET ALIOS	3331 RAINBOW ORSTE E. RAINBOW CITY, AL 35906		<input checked="" type="checkbox"/>									FLIERS	9 July 20	\$ 57 <sup>22</sup>
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$ 447 <sup>22</sup> <del>\$ 0.00</del>	