



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

AUG 21 2020

SCOTT W. HASSELL  
JUDGE OF PROBATE

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

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>LODY RAMPEY</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>GLENCOE CITY COUNCIL PLACE 5</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>1104 LARRYDALE DR</b>			
City <b>GLENCOE</b>	State <b>AL</b>	ZIP Code <b>35905</b>	Telephone Number <b>256-438-1546</b>

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)	1	<del>0.00</del>
<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	\$0.00
<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	\$0.00
<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	\$0.00
<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	\$0.00
<b>Expenditures on Line of Credit</b>			
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	<del>0.00</del> \$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      Date **8-21-2020**

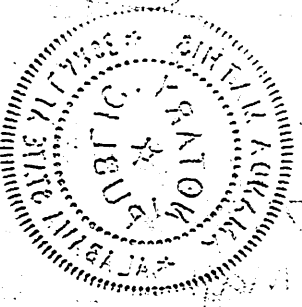
Sworn to and subscribed before me this Aug day of 2020  
 the 8th day of Jan. of the year 2021  
  
 Signature of Notary Public  
**Amanda G. Mathis**  
 Print Notary's Name

FILED

APR 5 1950

SCOTT W. HASSBELL  
JUDGE OF PROBATE

CLERK



IN SENATE  
January 11, 1950  
REPORT  
OF THE  
COMMISSIONER OF THE  
DEPARTMENT OF SOCIAL SERVICES  
ON THE  
ADMINISTRATION OF THE  
DEPARTMENT OF SOCIAL SERVICES  
FOR THE YEAR 1949

THE COMMISSIONER OF THE DEPARTMENT OF SOCIAL SERVICES  
HONORABLE CAROLANNE M. BELMONT  
GOVERNOR

REPORT  
ON THE  
ADMINISTRATION OF THE  
DEPARTMENT OF SOCIAL SERVICES  
FOR THE YEAR 1949

CHAPTER I  
GENERAL STATEMENT OF THE DEPARTMENT'S ACTIVITIES

1. INTRODUCTION

The Department of Social Services was created by Chapter 100 of the Laws of 1947, which consolidated the functions of the Department of Public Welfare and the Department of Social Services. The Department's primary responsibility is to provide for the care and protection of the dependent, delinquent, and mentally ill, and to provide for the care and protection of the aged and the blind.

The Department's activities are carried out through a network of offices and agencies throughout the State. The Department's budget for 1949 was approximately \$100 million, and it employed approximately 10,000 personnel.

The Department's activities are divided into several major areas: (1) care and protection of the dependent, delinquent, and mentally ill; (2) care and protection of the aged and the blind; (3) family services; (4) child welfare; and (5) social work.

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APR 5 1950



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: CODY RAMPEY

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>							<u>0.00</u> 00.00	



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: CODY RAMPEY

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)											SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION					
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other										
FORM REVISED 10.27.2011		<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																			<u>0.00</u> \$0.00		



**FORM 5: Expenditures by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: CODY RAMPEY

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			
FORM REVISED 10.27.2011												<b>TOTAL EXPENDITURES THIS PAGE</b>		<del>0.00</del> \$0.00