



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

AUG 17 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.

[Empty box for monthly report month]

**For Weekly Reports**  
Date of Friday in the week for which the report is filed.

8/14/2020

**Total Number of Pages in Report**

2

Please Print in Ink or Type.

|  |             |                                    |                                  |
|--|-------------|------------------------------------|----------------------------------|
| Name of Candidate or Elected Official<br>Dana L. Snyder  |             | Political Party/Ballot Affiliation |                                  |
| Office Sought or Held (include district or circuit number, if applicable)<br>Mayor - City of Southside |             |                                    |                                  |
| Address <input type="checkbox"/> Check box if reporting new address<br>3611 Mountain View Drive        |             |                                    |                                  |
| City<br>Southside  | State<br>AL | ZIP Code<br>35907                  | Telephone Number<br>256-490-5705 |

| Summary of activity since last filed report |   |    |            |
|---|---|----|------------|
| 1   | Beginning balance (ending balance from previous filing)       |    | \$1,202.57 |
| <b>Cash Contributions</b>                   |   |    |            |
| 2a  | Itemized cash contributions (total from Form 2)               | 2a | \$0.00     |
| 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 | \$0.00     |
| 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 | \$816.41   |
| 5b  | Non-itemized expenditures                                     | 5b |            |
| 5c  | Total expenditures (add lines 5a and 5b)                      | 5c | \$816.41   |
| <b>Expenditures on Line of Credit</b>       |   |    |            |
| 6a  | Itemized expenditures (total from Form 6)                     | 6a | \$0.00     |
| 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  | \$386.16   |

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.

Sworn to and subscribed before me this 17<sup>th</sup> day of August of the year 2020. My commission expires the 1st day of June of the year 2019.

Signature of Candidate or Elected Official

Signature of Notary Public

Date: 8/17/2020  
 Print Notary's Name: Debra L. Coleman



# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Dana L. Snyder

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

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                   |         |                |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|---|---|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|---------|----------------|---------------------------------------|---|-----------------------------|
|   |   | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |   |                             |
| Local Joes Rainbow City   | 4967 Rainbow Drive, Rainbow<br>City, AL 35906                                   |                                       |             |                         |                            | ✓    |             |                   |         |                |                                       | 8/10/2020                               | \$816.41                    |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
| <b>TOTAL EXPENDITURES THIS PAGE</b>                                   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   | \$816.41                    |