

ANNUAL



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

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FILED

JAN 27 2023

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

SCOTT W. HASSELL
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Donald Oliver		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) City Council DISTRICT 3			
Address <input type="checkbox"/> Check box if reporting new address 516 8th Av. SW			
City ATLANTA	State GA	ZIP Code 30304	Telephone Number 404 504 7136

Calendar Year covered by this report. **2022**

Amended Annual Report
 Termination Report

Total Pages in Report Include this page in your count. **1**

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	
Cash Contributions				
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
In-Kind Contributions				
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
Receipts from Other Sources				
4a	Total itemized receipts from other sources (total from Form 4)	4a		
4b	Total non-itemized receipts from other sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		\$0.00
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		\$0.00
Expenditures on Line of Credit				
6a	Itemized expenditures on line of credit (total from Form 6)	6a		
6b	Non-itemized expenditures	6b		
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c		\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7		\$0.00

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

8	Beginning balance (as of January 1 of reporting year)	8		
9	Total cash contributions for year	9		
10	Total in-kind contributions for year	10		
11	Total receipts from other sources for year	11		
12	Total expenditures for year	12		
13	Total expenditures on line of credit for year	13		
14	Ending balance (add lines 8, 9, & 11, then subtract line 12)	14		\$0.00
15	Total campaign debt (total debt owed as of December 31)	15		

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.

Donald Oliver 1/20/22
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 26 day of Jan of the year 2023. My commission expires the 20 day of June of the year 2025.

Mandy Cash
Signature of Notary Public
Mandy Cash
Print Notary's Name

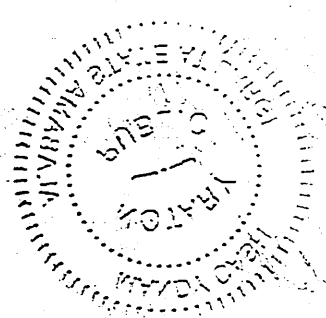
FORM REVISED 5-24-2017

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JUDGE OF PROBATE
SCOTT W. HARRIS

1961



FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Donald Oliver District 3 Atalla PAGE ____ OF ____

The FCPA requires that those contributions greater than \$100 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					
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																	\$0.00	



FORM 6: Expenditures On Line of Credit by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Donald Oliver District 3 AHalla

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	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION			
TOTAL EXPENDITURES THIS PAGE														\$ 0.00