



FILED

AUG 15 2022

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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 Heather Brothers New		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Mayor of Gadsden			
Address <input type="checkbox"/> Check box if reporting new address 422 Broad Street			
City Gadsden	State AL	ZIP Code 35901	Telephone Number 256-490-2047

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		\$26,224.78
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	\$3,375.00	
2b	Non-itemized cash contributions		
2c	Total cash contributions (add lines 2a and 2b)		\$3,375.00
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	\$8,850.00	
3b	Non-itemized in-kind contributions		
3c	Total in-kind contributions (add lines 3a and 3b)		\$8,850.00
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)		
4b	Non-itemized Receipts from Other Sources		
4c	Total receipts from other sources (add lines 4a and 4b)		\$0.00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	\$3,265.66	
5b	Non-itemized expenditures		
5c	Total expenditures (add lines 5a and 5b)		\$3,265.66
<b>Expenditures on Line of Credit</b>			
6a	Itemized expenditures (total from Form 6)		
6b	Non-itemized expenditures		
6c	Total expenditures on credit (add lines 6a and 6b)		\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		\$26,334.12

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: *[Signature]*  
Date: 8/15/22

Sworn to and subscribed before me this 15 day of Aug of the year 2022. My commission expires the 24 day of Sept of the year 2024.

Signature of Notary Public: *Pam Bone*  
Print Notary's Name: Pam Bone







# FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Heather Brothers New

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.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other			
<b>TOTAL RECEIPTS THIS PAGE</b>												\$0.00	



