

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

AUG 03 2020

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.

JULY, 2020

For Weekly Reports

Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

3

Please Print in Ink or Type.

Name of Candidate or Elected Official JAMES FORD		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) RAINBOW CITY COUNCIL - PLACE 4			
Address <input type="checkbox"/> Check box if reporting new address 101 SWEETWATER LN			
City RAINBOW CITY, AL	State AL	ZIP Code 35906	Telephone Number 256-504-8035

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	0
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		250 ⁰⁰
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c		250 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	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
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		39.23
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		39.23
Expenditures on Line of Credit				
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		21,007 ⁷⁷

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: *James L Ford* Date: 8/3/20

Sworn to and subscribed before me this Aug 2 day of 2020 of the year 2020. My commission expires the 2 day of Feb of the year 2022.

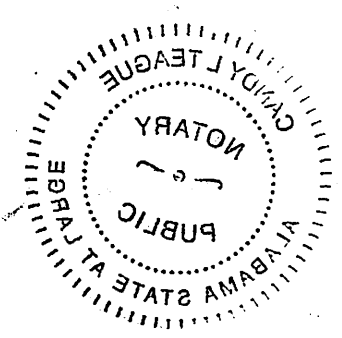
Signature of Notary Public: *Candy L. Teague*
Print Notary's Name: **CANDY L. Teague**



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JUDGE OF PROBATE
MOUNTAIN VIEW



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: JAMES FORD



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)										OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation				
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