

MONTHLY & WEEKLY



**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY

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  
 Weekly  
 Amended Monthly  
 Amended Weekly

Please Print in Ink or Type.

Name of Candidate or Elected Official James Steven Smith		Political Party/Ballot Affiliation Democrat	
Office Sought or Held (include district or circuit number, if applicable) Gadsden City Council District 2			
Address <input type="checkbox"/> Check box if reporting new address PO BOX 2697			
City GADSDEN	State AL	ZIP Code 35901	Telephone Number 256-458-4558

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.  
8/12/2022

Total Number of Pages in Report  
6

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		\$4,812.75
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	\$250.00	
2b	Non-itemized cash contributions	\$100.00	
2c	Total cash contributions (add lines 2a and 2b)		\$350.00
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)		
3b	Non-itemized in-kind contributions		
3c	Total in-kind contributions (add lines 3a and 3b)	\$0.00	
<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)	\$858.00	
5b	Non-itemized expenditures	\$113.60	
5c	Total expenditures (add lines 5a and 5b)		\$971.60
<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)		\$4,191.15

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.

Signature of Candidate or Elected Official: *James Steven Smith* 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 2022.

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



# FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: James Steven Smith

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		
Roland Evans			✓				8/10/2022	\$250.00
	<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>							\$250.00



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: James Steven Smith

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					
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																\$0.00		



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: James Steven Smith

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  GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
<b>TOTAL RECEIPTS THIS PAGE</b>											\$0.00		



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: James Steven Smith

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		
Freestyle Graphix			<input checked="" type="checkbox"/>									8/8/2022	\$858.00
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$858.00



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: James Steven Smith

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		