

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

JUN 30 2020

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

SCOTT W. HASSELL
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Joseph "Joe" Rayford Taylor		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Mayor of Rainbow City			
Address <input type="checkbox"/> Check box if reporting new address 200 Merchant Drive			
City Rainbow City	State AL	ZIP Code 35906	Telephone Number 256-490-0756

Type of Report (check one)

Monthly Amended Monthly

Weekly Amended Weekly

For Monthly Reports
Month for which the report is filed.

June

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

Total Number of Pages in Report

6

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 \$7,500.00
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a \$100.00	
2b	Non-itemized cash contributions	2b \$0.00	
2c	Total cash contributions (add lines 2a and 2b)	2c \$100.00	
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 \$2,604.80	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c \$2,604.80	
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	\$4,995.20

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

6.30.2020
Date

Sworn to and subscribed before me this 30th day of June of the year 2020. My commission expires the 1st day of August of the year 2023.

Signature of Notary Public
Michelle Battles
Print Notary's Name

FILED

1905

SCOTT W. HASSBELL
JUDGE OF PROBATE





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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Joseph "Joe" Rayford Taylor

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					
FORM REVISED 10.27.2011		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															\$0.00	



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Joseph "Joe" Rayford Taylor

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

