

MONTHLY & WEEKLY



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

THIS AREA FOR OFFICIAL USE ONLY

JUL 05 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.

June

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

Total Number of Pages in Report

6

Please Print in Ink or Type.

Name of Candidate or Elected Official Mary Carolyn Machen		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) Gadsden City Council District 4			
Address <input type="checkbox"/> Check box if reporting new address 1403 Rainbow Drive			
City Gadsden	State AL	ZIP Code 35901	Telephone Number 910-584-5116

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$1,008.87
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$2,000.00	
2b	Non-itemized cash contributions	2b	\$60.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$2,060.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b	\$23.20	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$23.20	
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	\$1,945.40	
5b	Non-itemized expenditures	5b	\$155.60	
5c	Total expenditures (add lines 5a and 5b)	5c	\$2,101.00	
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	\$967.87	

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.

Mary Carolyn Machen | 7/5/22
Signature of Candidate or Elected Official | Date

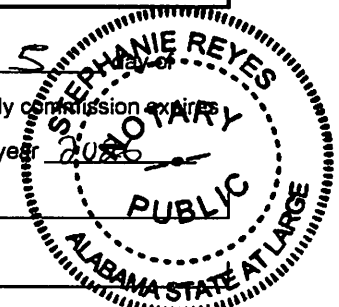
Sworn to and subscribed before me this

July of the year 2022

the 26 day of June of the year 2022

[Signature]
Signature of Notary Public

Stephanie Reyes
Print Notary's Name



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Mary Carolyn Machen

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					
		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: Mary Carolyn Machen

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 COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	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	



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Mary Carolyn Machen

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		
Vistaprint	170 Data Dr., Waltham, MA 02451		✓									6/2/2022	\$435.40
New South Outdoor, LLC	711 Signal Mountain road, #203, Chattanooga, TN 37405		✓									6/27/2022	\$1,000.00
Think Tank Media	PO Box 609, Gadsden, AL 35902		✓									6/29/2022	\$510.00
		TOTAL EXPENDITURES THIS PAGE											\$1,945.40

STATE OF CALIFORNIA
 DEPARTMENT OF REVENUE
 REPORT OF RECEIPTS AND DISBURSMENTS FOR THE YEAR ENDING 1944

GENERAL ACCOUNT	MONTHS												TOTAL	PERCENTAGE OF BUDGET	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
REVENUE															
DISBURSMENTS															
TOTAL															

This report is prepared by the Department of Revenue, State of California, and is a summary of the receipts and disbursements for the year ending 1944. The figures are based on the reports of the various departments and agencies of the State and are subject to audit and adjustment. The total amount of receipts and disbursements for the year ending 1944 is \$1,000,000,000. The percentage of budget for the year ending 1944 is 100%.



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Mary Carolyn Machen

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