

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

AUG 24 2018

BOBBY M. JUNKINS
JUDGE OF PROBATE

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official MITCHELL JAMES		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) MAYOR-GADSDEN, AL			
Address <input type="checkbox"/> Check box if reporting new address P.O. BOX 4224			
City GADSDEN	State ALABAMA	ZIP Code 35904	Telephone Number 256-490-9972

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

Month for which the report is filed.	
Date of Friday in the week for which the report is filed.	8/24/2018
Total Number of Pages in Report	6

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		\$405.34
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	\$50.00	
2b	Non-itemized cash contributions	\$0.00	
2c	Total cash contributions (add lines 2a and 2b)		\$50.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	\$0.00	
3b	Non-itemized in-kind contributions	\$0.00	
3c	Total in-kind contributions (add lines 3a and 3b)	\$0.00	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	\$0.00	
4b	Non-itemized Receipts from Other Sources	\$0.00	
4c	Total receipts from other sources (add lines 4a and 4b)		\$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	\$113.00	
5b	Non-itemized expenditures	\$0.00	
5c	Total expenditures (add lines 5a and 5b)		\$113.00
Expenditures on Line of Credit			
6a	Itemized expenditures (total from Form 6)	\$0.00	
6b	Non-itemized expenditures	\$0.00	
6c	Total expenditures on credit (add lines 6a and 6b)	\$0.00	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		\$342.34

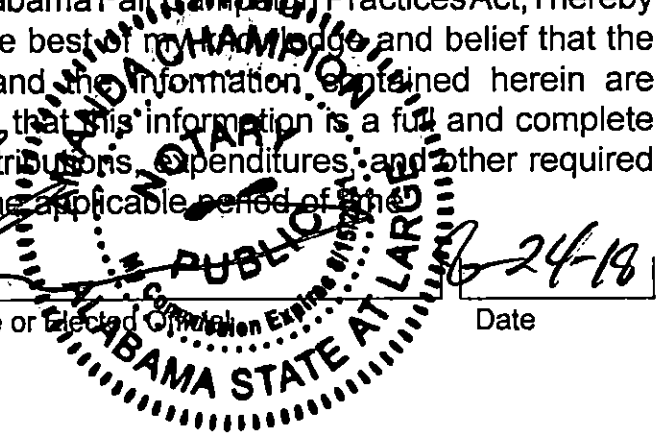
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Candidate or Elected Official: *[Signature]* Date: **8-24-18**

Sworn to and subscribed before me this 24th day of August of the year 2018. My commission expires the 15th day of August of the year 2021.

Signature of Notary Public: *[Signature]*

Print Notary's Name: **Amanda Champion**



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: MITCHELL JAMES

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

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: MITCHELL JAMES

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		
N/A	N/A												
TOTAL EXPENDITURES THIS PAGE													\$ 0.00

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Handwritten signature