



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

AUG 22 2022

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.

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

Total Number of Pages in Report

[Empty box for Monthly Report Month]

AUG 13-19

6

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Robert Avery</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>MAYOR of Gadsden</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>710 CRESTVIEW DR.</b>			
City <b>Gadsden</b>	State <b>AL</b>	ZIP Code <b>35901</b>	Telephone Number <b>(256) 393-2860</b>

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 <b>\$1,225.39</b>
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	<b>\$1,000.00</b>
2b	Non-itemized cash contributions	2b	<b>0</b>
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>\$1,000.00</b>
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>0</b>
3b	Non-itemized in-kind contributions	3b	<b>0</b>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>0</b>
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>\$1,500.00</b>
4b	Non-itemized Receipts from Other Sources	4b	<b>0</b>
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>1,500.00</b>
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	<b>\$2,000.00</b>
5b	Non-itemized expenditures	5b	<b>0</b>
5c	Total expenditures (add lines 5a and 5b)	5c	<b>\$2,000.00</b>
<b>Expenditures on Line of Credit</b>			
6a	Itemized expenditures (total from Form 6)	6a	<b>0</b>
6b	Non-itemized expenditures	6b	<b>0</b>
6c	Total expenditures on credit (add lines 6a and 6b)	6c	<b>0</b>
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<b>\$1,725.39</b>

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.

**Robert Avery** [Signature]  
Signature of Candidate or Elected Official

**8-22-22**  
Date

Sworn to and subscribed before me this 22nd day of August of the year 2022. My commission expires the 10th day of March of the year 2025.

**Charles Cunningham** [Signature]  
Signature of Notary Public

**Charles Cunningham**  
Print Notary's Name

FILED

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SCOTT W. HASSLET  
JUDGE OF PROBATE

APR 13-19

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STATE OF MICHIGAN

IN SENATE

APRIL 13, 1919

REPORT

OF THE  
COMMISSIONERS OF THE  
STATE BOARD OF  
LICENSING

FOR THE YEAR ENDING  
MARCH 31, 1919

PRINTED AT THE STATE PRINTING OFFICE  
LANSING, MICHIGAN

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

**FORM 2: Contributions received by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_



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		
Robert Avery	716 CRESTVIEW DR CADSDEN, AL.						8-15-22	\$1,000.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$1,000.00



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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						
M A																			
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																			

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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		
Robert Avery	710 Chestnut Gadsden, AL		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>				\$1,500 <sup>00</sup>
											<b>TOTAL RECEIPTS THIS PAGE</b>	\$1,500 <sup>00</sup>



# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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			
The Reporter	P.O. BOX 1962 Gadsden, AL 35902		✓									Ad	8-15-22	\$400 <sup>00</sup>
LAMAR SIGN	920 6th Street South Birmingham, AL 35205		✓										8-15-22	\$1,600 <sup>00</sup>
												<b>TOTAL EXPENDITURES THIS PAGE</b>	\$2,000 <sup>00</sup>	

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_



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	Lodging	Transportation		
<div style="font-size: 4em; font-weight: bold;">N/A</div>											
<b>TOTAL EXPENDITURES THIS PAGE</b>											