



AUG 02 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.

July-22

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 ROBERT AVERY	Political Party/Ballot Affiliation NONPART. SEN
Office Sought or Held (include district or circuit number, if applicable) MAYOR	
Address <input type="checkbox"/> Check box if reporting new address 710 CRESTVIEW DR.	
City Gadsden	State AL.
ZIP Code 35901	Telephone Number (254) 393-2860

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$526.61
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$500.00	
2b	Non-itemized cash contributions	2b	650.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$1,150.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0	
3b	Non-itemized in-kind contributions	3b	0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$1,500	
4b	Non-itemized Receipts from Other Sources	4b	0	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$1,500.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$1,900	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	\$1,900.00	
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a	0	
6b	Non-itemized expenditures	6b	0	
6c	Total expenditures on credit (add lines 6a and 6b)	6c	0	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	\$1,226.61	

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 8-1-22
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 2nd day of August of the year 2022. My commission expires the 6th day of Jan of the year 2026.

Teresa W. Jones
Signature of Notary Public

Teresa W. Jones
Print Notary's Name

JUDGE OF PROBATE
SCOTT W. HARRIS

NOV 13 1993

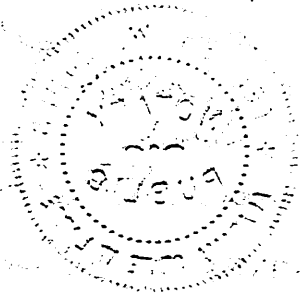
FILED

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NOV 13 1993

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Main body of the document containing multiple lines of handwritten text and numerous illegible stamps.



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FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert Avery

When total contributions from a single source exceed \$100.00, the FCRA 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		
Kolbey FREEMAN			<input checked="" type="checkbox"/>			7-1-22	\$ 500.00
Misc. DONATION						7-10-22	\$ 250.00
TOTAL CASH CONTRIBUTIONS THIS PAGE							\$ 1,100.00



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert AVERY

When total contributions from a single source exceed \$100.00, the FCRA 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
<i>(Handwritten signature/initials)</i>															

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert Avery

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		
Robert Avery	710 Crestview	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7-1-22	\$ 1,500 ⁰⁰
											TOTAL RECEIPTS THIS PAGE	\$ 1,500 ⁰⁰



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Robert A. New

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 1963 Gadsden AL 35902		<input checked="" type="checkbox"/>									7-1-22	\$ 400 ⁰⁰
Talia Propriety's	P.O. Box 2111 Gadsden, AL 35902		<input checked="" type="checkbox"/>									7-5-22	\$ 1,000 ⁰⁰
Gadsden Water Works	515 Albert Pains Blvd Gadsden, AL 35901		<input checked="" type="checkbox"/>									7-15-22	\$ 30 ⁰⁰
All. Bowen	749 Forrest Ave Gadsden, AL 35901		<input checked="" type="checkbox"/>									7-15-22	\$ 273 ⁰⁰
Att. Rowe Stone	901 Rainbow Dr. Gadsden, AL		<input checked="" type="checkbox"/>									7-15-22	\$ 197 ⁰⁰
TOTAL EXPENDITURES THIS PAGE												\$ 1,900 ⁰⁰	

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	Contribution	Food	Fundraising	Lodging	Transportation			Interest	OTHER GIVE BRIEF EXPLANATION
TOTAL EXPENDITURES THIS PAGE													