



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

APR 04 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.  
 MARCH

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 NONPARTISAN
Office Sought or Held (include district or circuit number, if applicable) MAYOR OF GADSDEN	
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 \$2,712.28
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a \$1,660.00	
2b	Non-itemized cash contributions	2b 499.00	
2c	Total cash contributions (add lines 2a and 2b)		2c \$1,499.00
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a \$3,000.00	
3b	Non-itemized in-kind contributions	3b 0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c \$3,000.00	
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a \$1,600.00	
4b	Non-itemized Receipts from Other Sources	4b 0	
4c	Total receipts from other sources (add lines 4a and 4b)		4c \$1,600.00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a \$3,084.22	
5b	Non-itemized expenditures	5b 0	
5c	Total expenditures (add lines 5a and 5b)		5c \$3,084.22
<b>Expenditures on Line of Credit</b>			
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 \$2,727.01

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.

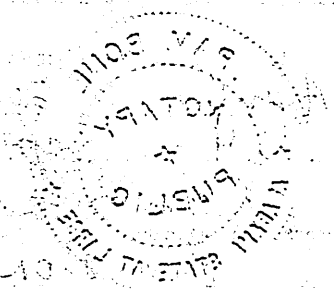
Signature of Candidate or Elected Official: Robert Avery  
 Date: 4-3-22

Sworn to and subscribed before me this 4 day of April of the year 2022. My commission expires the 24 day of Sept of the year 2024.  
 Signature of Notary Public: Pam Bone  
 Print Notary's Name: Pam Bone

FILED

APR 9 1952

ROBT W HARBELL  
JUDGE OF PROBATE





**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	710 Chestview Dr. Gadsden, AL 35901		<input checked="" type="checkbox"/>				3-2-22	\$ 1,000 <sup>00</sup>
Fundraiser	1135 W. McCham Blvd Gadsden, AL 35901				<input checked="" type="checkbox"/>		3-4-22	\$ 499 <sup>00</sup>
							<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>	\$ 1,499 <sup>00</sup>

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



**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	
G J H CONSULTANT	710 CRESTVIEW DR GULFDEN, AL 35901				<input checked="" type="checkbox"/>											3-14-22	\$3,000 <sup>00</sup>
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																	





**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 35901		✓								Ad	3-1-22	\$ 200 <sup>00</sup>
TATA Properties	P.O. BOX 2111 Gadsden AL 35903	✓									OFFICE RENT	3-1-22	\$ 1,000 <sup>00</sup>
ALH Power	749 FOREST AVE Gadsden	✓									OFFICE POWER	3-4-22	\$ 40 <sup>00</sup>
Gadsden WATER WORKS	HILBERT RD. MS Gadsden AL 35901	✓									WATER OFFICE	3-4-22	\$ 60 <sup>00</sup>
LAMINAS SIGNS	920 6th Street South Birmingham AL 35205			✓							R.II BCHRS	3-11-22	\$ 1,600 <sup>00</sup>
OFFICE MAX	530 GEORGE WALLACE DR Gadsden AL 35903	✓										3-25-22	\$ 114 <sup>39</sup>
LOWES	615 GEORGE WALLACE DR Gadsden AL 35903	✓										3-25-22	\$ 69 <sup>83</sup>
<b>TOTAL EXPENDITURES THIS PAGE</b>												\$ 3,084 <sup>22</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	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION		
	<span style="font-size: 4em;">MNA</span>												
<b>TOTAL EXPENDITURES THIS PAGE</b>													