

AUG 07 2020

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

Political Action Committee  
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.

For Weekly Reports

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

Total Number of Pages in Report

8-7-2020

1

Please Print in Ink or Type.

Name of Political Action Committee (as appears on statement of Organization) <i>Terry D. McClain</i>		Acronym for PAC	
Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address <i>1105 5<sup>th</sup> Street S.W.</i>			
City <i>ATLANTA</i>	State <i>AL</i>	ZIP Code <i>35954</i>	Telephone Number <i>256-613-5757</i>

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>0</i>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<i>0</i>	
2b	Non-itemized cash contributions	2b	<i>0</i>	
2c	Non-itemized employee payroll contributions	2c	<i>0</i>	
2d	Total cash contributions (add lines 2a, 2b and 2c)	2d	<i>0</i>	\$0.00
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>0</i>	
3b	Non-itemized in-kind contributions	3b	<i>0</i>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>0</i>	\$0.00
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>0</i>	
4b	Non-itemized Receipts from Other Sources	4b	<i>0</i>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<i>0</i>	\$0.00
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<i>0</i>	
5b	Non-itemized expenditures	5b	<i>0</i>	
5c	Total expenditures (add lines 5a and 5b)	5c	<i>0</i>	\$0.00
<b>Expenditures on Line of Credit</b>				
6a	Itemized expenditures (total from Form 6)	6a	<i>0</i>	
6b	Non-itemized expenditures	6b	<i>0</i>	
6c	Total expenditures on credit (add lines 6a and 6b)	6c	<i>0</i>	\$0.00
7	Ending balance (add lines 1, 2d, & 4c, then subtract line 5c)	7	<i>0</i>	\$0.00

Sworn to and subscribed before me this 7 day of August of the year 2020. My commission expires the 12 day of May of the year 2024.

*Linda Harris*  
Signature of Notary Public  
*Linda Harris*  
Print Notary's Name

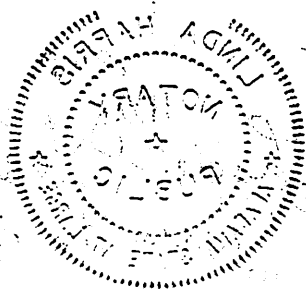
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures,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

*Scott W. Hassell*  
Signature of Chairperson or Treasurer of Political Committee  
Date 8-7-20

FILED

APR 17 2020

SCOTT W. HASSELL  
JUDGE OF PROBATE





FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

AUG 07 2020

SCOTT W. HASSELL  
JUDGE OF PROBATE

**Waiver of Report**  
**FOR CANDIDATES**  
**(OPTIONAL FORM)**

Please Print in Ink or Type.

Name of Candidate <i>Terry Dewayne McClain</i>		Political Party/Ballot Affiliation <i>Republican</i>		Type of Report (check one) <input checked="" type="checkbox"/> <b>Monthly Report</b> Month in which the report is filed.	
Office Sought (include district or circuit number, if applicable) <i>ATTALLA Alabama City Council District #3</i>					<input checked="" type="checkbox"/> <b>Weekly Report</b> Date of Friday in the week in which the report is filed. <i>8-7-20</i>
Address <input type="checkbox"/> Check box if reporting new address <i>1105 5th Street S.W.</i>					
City <i>ATTALLA</i>	State <i>AL</i>	ZIP Code <i>35954</i>	Telephone Number <i>256-613-5157</i>	<input checked="" type="checkbox"/> <b>Annual Report</b> Calendar year covered by this report.	

This form is not for use by principal campaign committees for elected, public officials.

In any reporting period, no campaign finance report is required if the appropriate filing threshold has not been reached by the candidate. The filing thresholds are as follows:

- ▶ \$25,000 - candidates for state offices
- ▶ \$10,000 - candidates for State Senate
- ▶ \$5,000 - candidates for State House of Representatives
- ▶ \$5,000 - candidates for district or circuit offices
- ▶ \$1,000 - candidates for local offices

I have not reached the filing threshold amount as set forth in the Fair Campaign Practices Act for the office for which I am seeking nomination or election.

This **OPTIONAL** form gives notice that no contribution or expenditure report will be submitted.

*Terry McClain*  
\_\_\_\_\_  
Signature of Candidate

*8-7-20*  
\_\_\_\_\_  
Date