



FILED

AUG 17 2020

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

SCOTT W. HASSELL

Type of Report: **JUDGE OF PROBATE**

- 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

Please Print in Ink or Type.

Name of Candidate or Elected Official Andrew Richardson		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Southside City Council Place 3			
Address <input type="checkbox"/> Check box if reporting new address 925 Hood Dr W			
City Southside	State AL	ZIP Code 35907	Telephone Number 256-613-1727

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	412.21
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0	
2b	Non-itemized cash contributions	2b	0	
2c	Total cash contributions (add lines 2a and 2b)	2c	0	\$0.00
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	\$0.00
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0	
4b	Non-itemized Receipts from Other Sources	4b	0	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	0	\$0.00
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	283.60	
5b	Non-itemized expenditures	5b	0	
5c	Total expenditures (add lines 5a and 5b)	5c	283.60	\$0.00
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	\$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	128.61	\$0.00

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 Date **8-17-20**

Sworn to and subscribed before me this 17 day of Aug of the year 2020. My commission expires the 24 day of Sept of the year 2020.

Pam Bone
 Signature of Notary Public
Pam Bone
 Not Notary's Name

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APR 2 1954

JUDGE OF PROBATE
SCOTT W. HARRILL

7-17-50

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4-1-54

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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)								OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging				Transportation
Gain' Yard LLC	1702 AL-77 Southside, AL 35107		<input checked="" type="checkbox"/>									8-14-20	\$248.60
Facebook.com	1 Hacker Way Menlo Park, CA 94025		<input checked="" type="checkbox"/>									8-15-20	\$35.00
TOTAL EXPENDITURES THIS PAGE												\$0.00	

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