Office Sought or Held (include district or circuit number, if applicable)

Southside

THIS AREA FOR OFFICIAL USE ONLY FILED FILED

AUD 4 7 2020

Candidate & Elected Official AUG 17 2020 Campaign Finance Report SCOTT W. HASS SUMMARY FORM 1 Type of Report

Please Print in Ink or Type.

ZIP Code |

5907

A A HOUR LAL	WAS SECUTIVE	
SUUIIW	HASSEQTT W.	HASSELL
	TIMOOLLEL TO	IIVOOFFF
HIDDE OF	PROMADGE OF	DDODATE
UDIAL III	PER DECEMBER ()	PRINAL

Pages in Report

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

S	ummary of activity since last filed report						
1	Beginning balance (ending balance from previous filing)			10 10 10 10	1	0	
	Cash Contributions		= 2,,		8		14
2a	Itemized cash contributions (total from Form 2)	2a	700				
2b	Non-itemized cash contributions	2b	0				
2c	Total cash contributions (add lines 2a and 2b)			19	2c	700	\$0.00
	In-Kind Contributions						
3a	Itemized in-kind contributions (total from Form 3)	3а	1178.50				
3b	Non-itemized in-kind contributions	3b	0				
3с	Total in-kind contributions (add lines 3a and 3b)	Зс	1178.50	\$0.00			
	Receipts from Other Sources						
4a	Itemized Receipts from Other Sources (total from Form 4)	4a					
4b	Non-itemized Receipts from Other Sources	4b				13	
4c	Total receipts from other sources (add lines 4a and 4b)			2 To 12 E	4c	C	\$0.00
	Expenditures						
5a	Itemized expenditures (total from Form 5)	5a					
5b	Non-itemized expenditures	5b					
5c	Total expenditures (add lines 5a and 5b)			7 5	5c	0	\$0.00
	Expenditures on Line of Credit					-	
6a	Itemized expenditures (total from Form 6)	6a					8
6b	Non-itemized expenditures	6b					
6с	Total expenditures on credit (add lines 6a and 6b)	,6c		\$0.00			
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	100			7		\$0.00

Telephone Number

719.651.5526

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.

8. P7-201

7-20 Signature of Notary P

Debra L. Cheman

2020 . My commission expires

Sworn to and subscribed before me this

00.0047

Signature of Candidate or Elected Official

asw asm

Me + + and - are + + and

COMPRESSEED WHASSELL

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: Charles Anthony De Vine

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. SOURCE **OF CONTRIBUTION** (CHECK ONE) **AMOUNT** CONTRIBUTOR **ADDRESS** DATE (ADDRESS SHOULD INCLUDE OF (INCLUDE FULL NAME) CONTRIBUTION Business or Corporation Individual Returned STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION Other (mo./day/yr.) PAC 7/20/20 \$200 3518 Montrose Ave, RBC, AL 35906 2370 Huy 77, Southside, AL 35967 2756 white oak Dr., Southside, AL 35907 8/13/20 700 \$0.00 TOTAL CASH CONTRIBUTIONS THIS PAGE FORM REVISED 10,27,2011

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: Charles Anthony De Vinc

FORM REVISED 10.27.2011



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. **NATURE OF CONTRIBUTION** SOURCE (CHECK ONE) (CHECK ONE) DATE **AMOUNT ADDRESS** CONTRIBUTOR Administrative (ADDRESS SHOULD INCLUDE Consultants/ Polling Equipment OF (INCLUDE FULL NAME) Business/ Corporation CONTRIBUTION Advertising Individual STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION **RECEIVED** Food Other Other (mo./day/yr.) Rent PAC 6/4/20 2750 Montan View Or \$643.31 Charles Anthony DeVine 2750 Mountain view Dr Charles Anthony DeVine 2750 Mountain view Or Southside AC 35907 Charles Anthony DeVine 2750 Mountain view Dr Southside AL 35907 Charles Anthony DeVine 2750 mountain view Dr Southside AL 35907 Charles Anthony DeVine 2750 mountain view Dr Southside AC 3907 8/7/20 \$215.19 7/24/20 \$ 1.20,00 8/13/20

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

1178.50.00

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.

			FORI REC	Λ	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	Г	ECEI	PT S	OUR ONE)	CE	DATE	AMOUNT
SOURCE OF RECEIPT (INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) [FCPA I DE PLETE				GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual Business		Other	DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
FORM REVISED 10.27.2011 TOTAL RECEIPTS THIS PAGE											E	\$0.00

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

FORM 5: Expenditures by candidate or elected official

1	
	\$\frac{1}{2}\d
17.	
CO.	AT STA

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total expenditures to a single recip	pient exceed \$100.00, the FCPA req	uires all expenditures to that reci	pient be itemized.
---	-------------------------------------	-------------------------------------	--------------------

					PURPOSE OF EXPENDITURE (CHECK ONE)								
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
							\						
FORM REVISED 10.27.2011 TOTAL EXPENDITURES THIS PAGE									\$0.00				

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

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.

vvnon total oxpol	iditules to a single recipient exceed \$ 100.0	,,,,		<u> </u>		quii		AII 0	кроі	Tarta		TOTAL DO NOTTIZO	
					PL	JRPO	SE (OF EX	(PEN ONE)	DITU	RE		
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
FORM REVISED 5.19.2017	TOTAL EXPENDITURES THIS PAGE									\$ 0.00			