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SEP 6 4 58PM

SCOTT W HASSSELL  
JUDGE OF PROBATE

7-1-2020

Handwritten notes, possibly including a date and name, such as "201 10/1/20" and "Scott Hassell".



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: *[Signature]*

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		
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<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>							<u>0</u>	\$ 0.00

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



*[Handwritten Signature]*

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				
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TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

*[Handwritten Signature]* 0.00



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: *Cl H*

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 PO BOX CITY STATE AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN  GUARANTORS  (FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN)	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo /day/yr )	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
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**FORM 5: Expenditures** by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: Ch. He

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	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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FORM REVISED 9 2 2011											<b>TOTAL EXPENDITURES THIS PAGE</b>		<u>0</u> \$ 0 00