MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

AUG 2 4 2020

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	8/21/2020						

report is filed.

Total Number of Pages in Report

	Please Print in	ink or Type.						
Name of Candidate or Elected Official		Political Party/Ballot Affiliation						
Jackie Randall '	Vice (Randy)		Non	Partisan	Eleg			
Office Sought or Held (include	e district or circuit number, i	f applicable)						
City Council, Ra	ainbow City, P.	lace 2						
Address	porting new address							
309 Roseland Dr					+			
City	State	ZIP Code	Teleph	ione Number				
Rainbow City	AL	35906		256328440	6			

s	ummary of activity since last filed report				•
1	Beginning balance (ending balance from previous filing)			1	\$246.78
	Cash Contributions	1			<u> </u>
2a	Itemized cash contributions (total from Form 2)	2a	 \$0.00]	
2b	Non-itemized cash contributions	2b	\$0.00	1	
2c	Total cash contributions (add lines 2a and 2b)			2c	\$0.00
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	За	\$0.00]	
3b	Non-itemized in-kind contributions	3b	 \$0.00	1	
3с	Total in-kind contributions (add lines 3a and 3b)	3с	\$0.00	1	
	Receipts from Other Sources		 	-	
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$0.00		
4b	Non-itemized Receipts from Other Sources	4b	, \$0.00		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	\$0.00
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$0.00]	
5b	Non-itemized expenditures	5b		1	
5c	Total expenditures (add lines 5a and 5b)			5c	\$0.00
	Expenditures on Line of Credit	1		_	
6a	Itemized expenditures (total from Form 6)	6a			
6b	Non-itemized expenditures	6b			
6c	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.00	1	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			7	\$246.78

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

Sworn to and subscribed before me trits, day of the year of the ye

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SCOTT W. HASSELL JUDGE OF PROBATE

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

FORM 2: Contributions received by candidate or elected official





vvnen total contribu	tions from a single source exceed \$100.00, the FCPA requires all contrib O NOT LIST in-kind contributions or loans on this form. Use Forms 3 ar	oution nd 4 fe	or the	om tr ose l	iat so istino	ource gs.	e to be itemized.	
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	OF	CO	OUR NTRI ECK (BUTI	ON	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
	No Contributions this Week							
FORM REVISED 10.27 2011	M REVISED 10.27 2011 TOTAL CASH CONTRIBUTIONS THIS PAGE						IS PAGE	\$0.00

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

FORM 3: In-Kind Contributions received by 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. NATURE OF CONTRIBUTION (CHECK ONE) SOURCE (CHECK ONE) ADDRESS (ADDRESS SHOULD INCLUDE STREET OR PO. BOX, CITY, STATE, AND ZIP) CONTRIBUTOR DATE **AMOUNT** OF CONTRIBUTION (INCLUDE FULL NAME) CONTRIBUTION Individual RECEIVED (mo./day/yr.) NO IN KIND CONTRIBUTIONS TOTAL IN-KIND CONTRIBUTIONS THIS PAGE \$0.00 FORM REVISED 10.27.2011

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: Jackie Randall Vice (Randy)

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. COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) SOURCE OF RECEIPT **ADDRESS** AMOUNT DATE (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED (INCLUDE FULL NAME) **GUARANTORS** OF (mo./day/yr.) RECEIPT Business [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-Loan PAC DORSING OR GUARANTEEING LOAN] NO RECEIPTS FROM OTHER SOURCES **TOTAL RECEIPTS THIS PAGE** \$0.00 FORM REVISED 10.27.2011

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

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Jackie Randall Vice (Randy)



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) AMOUNT PERSON/GROUP/BUSINESS **ADDRESS** DATE OF OTHER (ADDRESS SHOULD INCLUDE STREET OR P.O BOX, CITY, STATE, AND ZIP) EXPENDITURE OF EXPENDITURE RECEIVING EXPENDITURE GIVE (mo./day/yr.) (INCLUDE FULL NAME) BRIEF **EXPLANATION** NA NO EXPENDITURES THIS WEEK **TOTAL EXPENDITURES THIS PAGE** \$0.00 FORM REVISED 10.27.2011

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: Jackie Randall Vice (Randy)



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **AMOUNT** DATE OF OTHER OF EXPENDITURE EXPENDITURE RECEIVING EXPENDITURE GIVE BRIEF (INCLUDE FULL NAME) (mo./day/yr.) EXPLANATION NO LINE OF CREIT NA **TOTAL EXPENDITURES THIS PAGE** \$ 0.00 FORM REVISED 5.19.2017