Address Check box if reporting new address

101 SWEETWATER IN

FILED

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

ZIP Code

5(0000-4000-0

AUG 3 1 2020

	SCOTT W. HASSEL
Type of Report (check Monthly Weekly	OPUDGE OF PROBATE Amended Monthly
For Monthly Reports Month for which the report is filed.	Amended Weekly
For Weekly Reports Date of Friday in the week for which the report is filed.	8/28/20
Total Number of	

S	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	136.84
	Cash Contributions				120101
2a	Itemized cash contributions (total from Form 2)	2a	250		
2b	Non-itemized cash contributions	2b	V 12-		
2c	Total cash contributions (add lines 2a and 2b)			2c	250000
	In-Kind Contributions				
3а	Itemized in-kind contributions (total from Form 3)	За			
3b	Non-itemized in-kind contributions	3b			
3с	Total in-kind contributions (add lines 3a and 3b)	Зс	\$0.	cc	
	Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a			
4b	Non-itemized Receipts from Other Sources	4b			
4c	Total receipts from other sources (add lines 4a and 4b)			4c	\$0.00
ا	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	48.84		
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c	48.940
	Expenditures on Line of Credit				10.101
6a	Itemized expenditures (total from Form 6)	6a			
6b	Non-itemized expenditures	6b			
6с	Total expenditures on credit (add lines 6a and 6b)	6c	\$0.	0.0	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			7	32600

Political Party/Ballot Affiliation

Telephone Number

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.

8/31/20 Date FORM REVISED 06,06,2017

40

SOLICE WILLIAMS

4.

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:



FORM REVISED 9.2.2011 DR AUTHON'I METCHURE CONTRIBUTOR (INCLUDE FULL NAME) 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. CHONDEN US 35801 1620 EDMORE BEND ROAD ADDRESS

(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL CASH CONTRIBUTIONS THIS PAGE Business or SOURCE OF CONTRIBUTION (CHECK ONE) Corporation individual PAC Other Returned CONTRIBUTION 8/25/20 (mo./day/yr.) DATE 数の事 CONTRIBUTION AMOUNT ·W 0.00

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:



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

1 4 4 4 5												
18,84		TOTAL EXPENDITURES THIS PAGE	DTIO	ĔNI	EX.	₹.	T01	_				FORM REVISED 9.2.2011
							-					
			$oxed{\Box}$		+	+	+	4	4			
					H	H	\dashv	H				
					\dagger	+-	+	\bot	\perp			
						H	片	Ц				
				1	╁┾	┼	╁	[П	\prod		
					+	4	_					
				╁	╁	+	\parallel	\prod		1		
				_	\dashv	4	Ц					
			Ц	╁	╁	+	- -		\prod	T		
				1	+	4	_					
21	01/2010			+	+	\bot		$oldsymbol{\perp}$		十		
18				+		\sqcup	Ц			X	MOND PARK CA SICK	FACE BOOK
うらり	00/00/10		1	+	+	\downarrow	\downarrow			+	HACKER WAY	
5	8/2/2			H	님	M				T	RBC, AL 35906	BUKLICK TOWNS
10.01		100	#	+	+	\perp				\sqcap	33 22B RAHNBOW DREVE	0.0010 134.0
15 G/	8/24/20	SE VEX		H	H	Ц				Т	GADSDEN, AL 35907	CONDS
		Davis O	T	F	+	4	-+			Η.	GUS GEORGE INAVIAGE DE	
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	ransportation	Repayment .odging	undraising .oan	ood	Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		Zn.	CHECK ONE)	KONE	PURPOSE OF	👨]	1	1	T		PERSON/GROUD/BUSINESS
										4		