



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

AUG 18 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 report is filed.

Total Number of Pages in Report

—  
8-7-20  
6

Please Print in Ink or Type.

|   |                    |   |   |
|---|--------------------|---|---|
| Name of Candidate or Elected Official<br><i>McCain Gilbreath</i>  |                    | Political Party/Ballot Affiliation<br><i>None</i> |   |
| Office Sought or Held (include district or circuit number, if applicable)<br><i>Rainbow City Councilman</i> |                    |   |   |
| Address <input type="checkbox"/> Check box if reporting new address<br><i>307 Vain Drive</i>                |                    |   |   |
| City<br><i>Rainbow city</i>   | State<br><i>AL</i> | ZIP Code<br><i>35906</i>                          | Telephone Number<br><i>256-689-7099</i> |

### Summary of activity since last filed report

|                                       |   |    |             |        |
|---------------------------------------|---|----|-------------|--------|
| 1                                     | Beginning balance (ending balance from previous filing)       |    | 1           |        |
| <b>Cash Contributions</b>             |   |    |             |        |
| 2a                                    | Itemized cash contributions (total from Form 2)               | 2a |             |        |
| 2b                                    | Non-itemized cash contributions                               | 2b |             |        |
| 2c                                    | Total cash contributions (add lines 2a and 2b)                | 2c |             | \$0.00 |
| <b>In-Kind Contributions</b>          |   |    |             |        |
| 3a                                    | Itemized in-kind contributions (total from Form 3)            | 3a | <i>9425</i> |        |
| 3b                                    | Non-itemized in-kind contributions                            | 3b | <i>850</i>  |        |
| 3c                                    | Total in-kind contributions (add lines 3a and 3b)             | 3c | <i>9525</i> | \$0.00 |
| <b>Receipts from Other Sources</b>    |   |    |             |        |
| 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 |
| <b>Expenditures</b>                   |   |    |             |        |
| 5a                                    | Itemized expenditures (total from Form 5)                     | 5a |             |        |
| 5b                                    | Non-itemized expenditures                                     | 5b |             |        |
| 5c                                    | Total expenditures (add lines 5a and 5b)                      | 5c |             | \$0.00 |
| <b>Expenditures on Line of Credit</b> |   |    |             |        |
| 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 |
| 7                                     | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 7  |             | \$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.

*Scott W. Hassell*  
Signature of Candidate or Elected Official  
Date *10-15-20*

Sworn to and subscribed before me this *18<sup>th</sup>* day of *August* of the year *2020*. My commission expires the *1<sup>st</sup>* day of *November* of the year *2020*.  
*Glennda G. Watts*  
Signature of Notary Public  
*Glennda G. Watts*  
Print Notary's Name



# FORM 2: Contributions received by candidate or elected official

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 in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

| CONTRIBUTOR<br>(INCLUDE FULL NAME)        | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE OF CONTRIBUTION<br>(CHECK ONE) |            |     |       |          | DATE CONTRIBUTION RECEIVED<br>(mo./day/yr.) | AMOUNT OF CONTRIBUTION |
|---|--|---------------------------------------|------------|-----|-------|----------|---|------------------------|
|   |  | Business or Corporation               | Individual | PAC | Other | Returned |   |                        |
|   |  |                                       |            |     |       |          |   |                        |
|   |  |                                       |            |     |       |          |   |                        |
|   |  |                                       |            |     |       |          |   |                        |
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|   |  |                                       |            |     |       |          |   |                        |
|   |  |                                       |            |     |       |          |   |                        |
| <b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b> |  |                                       |            |     |       |          |   | \$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

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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |                                     |                         |           |      |      |                |       |                          |            | SOURCE<br>(CHECK ONE) |                                     |                                     |  |  | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |          |        |
|------------------------------------|---|---------------------------------------|-------------------------------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----------------------|-------------------------------------|-------------------------------------|--|--|---|------------------------------|----------|--------|
|                                    |   | Administrative                        | Advertising                         | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC                   | Other                               |                                     |  |  |   |                              |          |        |
| Classic Printing<br>and signs      | 924 6th Ave. North<br>Birmingham AL 35203                                       |                                       | <input checked="" type="checkbox"/> |                         |           |      |      |                |       |                          |            |                       | <input checked="" type="checkbox"/> |                                     |  |  | 7-25-20   | \$475                        |          |        |
| McLain Gibreath                    | Rainbow City<br>AL<br>307 Main Drive 35906                                      |                                       |                                     |                         |           |      |      |                |       |                          |            |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |  |  | 7-21-20   | \$50                         |          |        |
|                                    |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  |   |                              |          |        |
|                                    |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  |   |                              |          |        |
|                                    |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  |   |                              |          |        |
|                                    |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  |   |                              |          |        |
|                                    |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  |   |                              |          |        |
|                                    |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  |   |                              |          |        |
|                                    |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  |   |                              |          |        |
|                                    |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  |   |                              |          |        |
|                                    |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  |   |                              |          |        |
|                                    |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  |   |                              |          |        |
|                                    |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  |   |                              |          |        |
| FORM REVISED 10.27.2011            |   |                                       |                                     |                         |           |      |      |                |       |                          |            |                       |                                     |                                     |  |  | TOTAL IN-KIND CONTRIBUTIONS THIS PAGE             |                              | \$525.00 | \$0.00 |



# 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<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                   |         |                |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|---|---|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|---------|----------------|---------------------------------------|---|-----------------------------|
|   |   | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |   |                             |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
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|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |
| <b>TOTAL EXPENDITURES THIS PAGE</b>                                   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       | 50.00                                   |                             |

# 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.

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