



FILED

MAY 09 2019

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

SCOTT W. HASSELL
JUDGE OF PROBATE

Type of Report: 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

[Empty box for Monthly Report Month]

04/19/2019

[Empty box for Total Number of Pages]

Please Print in Ink or Type.

Name of Candidate or Elected Official Adrienne Reed		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Board of Education District 1			
Address <input type="checkbox"/> Check box if reporting new address 1012 Mallory Street			
City Gadsden	State AL	ZIP Code 35903	Telephone Number 256-504-8665

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	270.08
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	0	
2b	Non-itemized cash contributions	2b	463.96	
2c	Total cash contributions (add lines 2a and 2b)	2c	463.96	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	0	
3b	Non-itemized in-kind contributions	3b	0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$0.00	
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	0	
4b	Non-itemized Receipts from Other Sources	4b	0	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	150.00	
5b	Non-itemized expenditures	5b	584.04	
5c	Total expenditures (add lines 5a and 5b)	5c	734.04	
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a	0	
6b	Non-itemized expenditures	6b	0	
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.

[Signature]
Signature of Candidate or Elected Official

5/9/19
Date

Sworn to and subscribed before me this 9th day of March of the year 2019. My commission expires the 7th day of March of the year 2021.

[Signature]
Signature of Notary Public

Charles Cunningham
Print Notary's Name

FILED

MAY 8 2018

SCOTT W. HASSELL
JUDGE OF PROBATE

THE COURT HAS REVIEWED THE PETITION AND HAS GRANTED THE SAME. THE COURT HAS ORDERED THAT THE ESTATE BE ADMINISTERED AS AN UNASSISTED ESTATE. THE COURT HAS ORDERED THAT THE EXECUTOR BE APPOINTED AS THE PERSON TO ADMINISTER THE ESTATE. THE COURT HAS ORDERED THAT THE EXECUTOR BE REQUIRED TO FILE AN ACCOUNT WITHIN THE TIME SPECIFIED IN THE ORDER. THE COURT HAS ORDERED THAT THE EXECUTOR BE REQUIRED TO FILE AN ACCOUNT WITHIN THE TIME SPECIFIED IN THE ORDER.



Handwritten signature and date: *[Signature]* MAY 10 2018

Handwritten signature and date: *[Signature]* MAY 10 2018



FORM 2: Contributions received by political action committee

NAME OF POLITICAL ACTION COMMITTEE: Adrienne Reed

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 (not a corporation)	Corporation	Individual	Other	Returned		
N/A								
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$ 0.00



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 (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					
N/A																		
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																\$0.00		



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.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other			
N/A													
TOTAL RECEIPTS THIS PAGE												\$0.00	

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR POLITICAL ACTION COMMITTEE**FORM 5: Expenditures by political action committee**NAME OF POLITICAL ACTION COMMITTEE: Adrienne Reed

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		
Tina Cylar	144 Campbell Court, Gadsden AL 35903					✓						04/09/2019	150.00
TOTAL EXPENDITURES THIS PAGE												\$ 0.00	



FORM 6: Expenditures On Line of Credit by political action committee

NAME OF POLITICAL ACTION COMMITTEE: Adrienne Reed

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	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION		
N/A													
TOTAL EXPENDITURES THIS PAGE													\$ 0.00