

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

JUL 10 2020

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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.

July

For Weekly Reports
Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

Please Print in Ink or Type.

Name of Candidate or Elected Official CODY RAMPEY		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) GLENCOE CITY COUNCIL PLACE #5			
Address <input type="checkbox"/> Check box if reporting new address 1104 LARRY DALE DR			
City GLENCOE	State AL	ZIP Code 35905	Telephone Number 256-438-1546

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	0
Cash Contributions				
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
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		1,703.00
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		1,703.00
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
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		1,703.00
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		1,703.00
Expenditures on Line of Credit				
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		-1,703.00

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.

Cody Rampey
Signature of Candidate or Elected Official

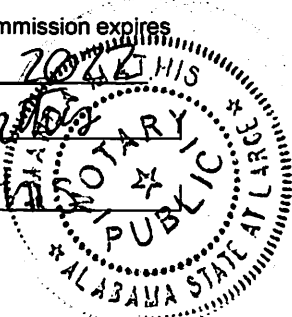
7-9-2020
Date

Sworn to and subscribed before me this 9th day of July of the year 2020. My commission expires

the 8th day of Jan. of the year 2021

Amanda G. Mathis
Signature of Notary Public

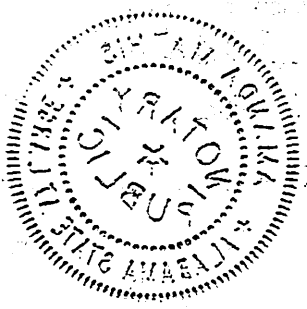
Amanda G. Mathis
Print Notary's Name



FILED

SEP 18 1958

SCOTT W. HASSELL
JUDGE OF PROBATE



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: CODY RAMPEY

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				
CODY RAMPEY	1104 LARRYDALE DR GLENCOE, AL 35905		X										X			7/2/2020	1,653.00
CODY RAMPEY	1104 LARRYDALE DR GLENCOE, AL 35905											X	X			7/7/2020	50.00
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																1,703.00	

FORM REVISED 10.27.2011



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: CODY RAMPEY

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION			
<u>SUPER CHEAP SIGNS</u>	<u>9200 WATERFORD CENTRE BLVD SUITE #100 AUSTIN, TX 78758</u>		<input checked="" type="checkbox"/>									<u>SIGNS & CARDS</u>	<u>7/2/2020</u>	<u>1,653.00</u>
<u>CITY OF GLENCOE</u>	<u>201 CRASTAIN BLVD WEST GLENCOE, AL 35905</u>		<input checked="" type="checkbox"/>									<u>QUALIFYING FEE</u>	<u>7/7/2020</u>	<u>50.00</u>
TOTAL EXPENDITURES THIS PAGE														<u>1,703.00</u>

FORM REVISED 10.27.2011