



MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official DARRON WALKER		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) RBC City Council PLACE 3			
Address <input type="checkbox"/> Check box if reporting new address 303 TERRY LN			
City RBC	State AL	ZIP Code 35906	Telephone Number 256623 7712

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

3

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	50.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	50.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	\$1235.00	
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$1235.00	
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		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b	\$50.00	
5c	Total expenditures (add lines 5a and 5b)	5c	\$50.00	\$0.00
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		0

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.

X D Walker
Signature of Candidate or Elected Official
8/3/20
Date

Sworn to and subscribed before me this **3rd** day of **August** of the year **2020**. My commission expires the **1st** day of **June** of the year **2019**.

Debra L. Coleman
Signature of Notary Public
Debra L. Coleman
Print Notary's Name



FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: DARCON WALKER

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	Individual	PAC			Other	
SELF	305 LEVY LN RDC AL 35906	<input checked="" type="checkbox"/>																6/5/20	1,235.00
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																1,235.00			