



AUG 03 2020

SCOTT W. HASSELL
JUDGE OF PROBATE

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official Deborah L Hiltz		Political Party/Ballot Affiliation	
Office Sought or Held (Include district or circuit number, if applicable) Rainbow City Council			
Address <input type="checkbox"/> Check box if reporting new address 110 Fiddlers Folly Road			
City Rainbow City	State AL	ZIP Code 35906	Telephone Number 256-393-2100

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports
Month for which the report is filed.

[Empty box for monthly report month]

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

8/7/2020

Total Number of Pages in Report

6

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	\$0.00
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$235.00	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	\$235.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	\$1,355.52	
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$1,355.52	
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	\$50.00	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	\$50.00	
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	\$185.00	

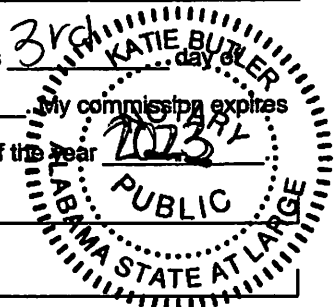
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Deborah L. Hiltz
Signature of Candidate or Elected Official

8/3/2020
Date

Sworn to and subscribed before me this 3rd day of AUG. of the year 2020.
the 5th day of DEC. of the year 2023.
My commission expires

Katie Butler
Signature of Notary Public
Katie Butler
Print Notary's Name





FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Deborah L Hiltz

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 GUARANTORS (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN)	RECEIPT SOURCE (CHECK ONE)						DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE												\$0.00	

