



FILED

AUG 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

Please Print in Ink or Type.

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

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

|          |
|----------|
|          |
| 8/7/2020 |
|          |

| Summary of activity since last filed report |   |    |            |
|---|---|----|------------|
| 1   | Beginning balance (ending balance from previous filing)       | 1  | \$0.00     |
| <b>Cash Contributions</b>                   |   |    |            |
| 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   |
| <b>In-Kind Contributions</b>                |   |    |            |
| 3a  | Itemized in-kind contributions (total from Form 3)            | 3a | \$1,268.11 |
| 3b  | Non-itemized in-kind contributions                            | 3b |            |
| 3c  | Total in-kind contributions (add lines 3a and 3b)             | 3c | \$1,268.11 |
| <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 | \$87.41    |
| 5b  | Non-itemized expenditures                                     | 5b |            |
| 5c  | Total expenditures (add lines 5a and 5b)                      | 5c | \$87.41    |
| <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  | \$147.59   |

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  
8/10/2020  
Date

Sworn to and subscribed before me this 10<sup>th</sup> day of August of the year 2020. My commission expires the 31<sup>st</sup> day of Sept of the year 2023.  
*Scott W. Hassell*  
Signature of Notary Public  
Brentwood Community  
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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN<br><br>GUARANTORS<br><br>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | RECEIPT SOURCE (CHECK ONE) |     |            |          |       | DATE RECEIVED<br>(mo./day/yr.) | AMOUNT OF RECEIPT |  |
|--|--|-----------------|------|-------|--|----------------------------|-----|------------|----------|-------|--------------------------------|-------------------|--|
|  |  | Interest        | Loan | Other |  | Lending Institution        | PAC | Individual | Business | Other |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
| <b>TOTAL RECEIPTS THIS PAGE</b>          |  |                 |      |       |  |                            |     |            |          |       |                                | \$0.00            |  |







