

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**FILED**

AUG 06 2018

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Type of Report (check one)

- Monthly  
 Weekly  
 Amended Monthly  
 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

Name of Candidate or Elected Official <u>Deverick Williams</u>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <u>Coadsden City Council - District 2</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>90 Broad St.</u>			
City <u>Coadsden</u>	State <u>AL</u>	ZIP Code <u>35902</u>	Telephone Number <u>256-549-4518</u>

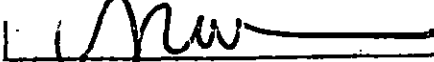
Summary of activity since last filed report

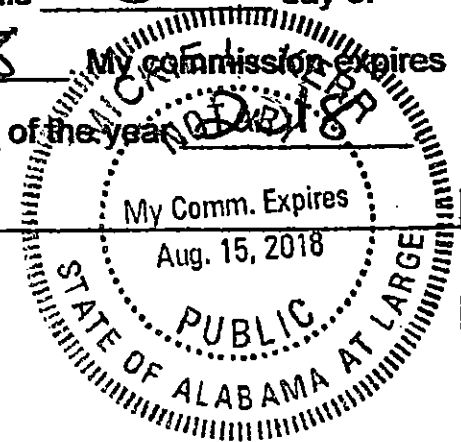
1	Beginning balance (ending balance from previous filing)		1	<u>2054.21</u>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<u>200.00</u>	
2b	Non-itemized cash contributions	2b	<u>0</u>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>200.00</u>	
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<u>0</u>	
3b	Non-itemized in-kind contributions	3b	<u>0</u>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<u>0</u>	
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<u>0</u>	
4b	Non-itemized Receipts from Other Sources	4b	<u>0</u>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<u>0</u>	
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<u>237.50</u>	
5b	Non-itemized expenditures	5b	<u>0</u>	
5c	Total expenditures (add lines 5a and 5b)	5c	<u>237.50</u>	
<b>Expenditures on Line of Credit</b>				
6a	Itemized expenditures (total from Form 6)	6a	<u>0</u>	
6b	Non-itemized expenditures	6b	<u>0</u>	
6c	Total expenditures on credit (add lines 6a and 6b)	6c	<u>0</u>	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<u>2,016.71</u>	

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 of Candidate or Elected Official      Date 8/6/18

Sworn to and subscribed before me this 6 day of August of the year 2018  
 the 15 day of August of the year 2018

  
 Signature of Notary Public





ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

**FORM 2: 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 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 or Corporation	Individual	PAC	Other	Returned		
Mario Jackson	1318 E. Broad St. Caddo, AL 35903		X				8/3/18	\$200.00
								\$200.00

TOTAL CASH CONTRIBUTIONS THIS PAGE



**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						
		Advertising	Administrative	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other										
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																							

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# 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  GUARANTORS  (FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEETING 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	

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



**FORM 5: Expenditures by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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	
		Advertising	Administrative	Consultants/ Poling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION			
Coadsden Screen Printing	2224 Shannon Dr. Coadsden, AL 35984	X											8/2/18	6237.50
<b>TOTAL EXPENDITURES THIS PAGE</b>													\$237.50	



**FORM 6: Expenditures On Line of Credit by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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	Lodging	Transportation			Interest	OTHER GIVE BRIEF EXPLANATION		
<b>TOTAL EXPENDITURES THIS PAGE</b>																	

0