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FEB 22 2019

SCOTT W. HASSELL
JUDGE OF PROBATE

ANNUAL



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

Please Print in Ink or Type.

| | | | |
|--|--------------------|------------------------------------|---|
| Name of Candidate or Elected Official JOEY JONES | | Political Party/Ballot Affiliation | |
| Office Sought or Held (include district or circuit number, if applicable) City Council | | | |
| Address <input type="checkbox"/> Check box if reporting new address 2020 Forestdale Rd | | | |
| City SS | State AL | ZIP Code 35907 | Telephone Number 256-713-3521 |

Calendar Year covered by this report. **2018**

Amended Annual Report
 Termination Report

Total Pages in Report Include this page in your count.

SECTION I - Summary of activity from last filed report through December 31 of reporting year

| | | | | |
|---------------------------------------|--|----|---|---------------|
| 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 | | |
| 3b | Non-itemized in-kind contributions | 3b | | |
| 3c | Total in-kind contributions (add lines 3a and 3b) | 3c | | \$0.00 |
| Receipts from Other Sources | | | | |
| 4a | Total itemized receipts from other sources (total from Form 4) | 4a | | |
| 4b | Total 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 | | |
| 5b | Non-itemized expenditures | 5b | | |
| 5c | Total expenditures (add lines 5a and 5b) | 5c | | \$0.00 |
| Expenditures on Line of Credit | | | | |
| 6a | Itemized expenditures on line of credit (total from Form 6) | 6a | | |
| 6b | Non-itemized expenditures | 6b | | |
| 6c | Total expenditures on line of credit (add lines 6a and 6b) | 6c | | \$0.00 |
| 7 | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | 7 | | \$0.00 |

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

| | | | |
|----|--|----|---------------|
| 8 | Beginning balance (as of January 1 of reporting year) | 8 | |
| 9 | Total cash contributions for year | 9 | |
| 10 | Total in-kind contributions for year | 10 | |
| 11 | Total receipts from other sources for year | 11 | |
| 12 | Total expenditures for year | 12 | |
| 13 | Total expenditures on line of credit for year | 13 | |
| 14 | Ending balance (add lines 8, 9, & 11, then subtract line 12) | 14 | \$0.00 |
| 15 | Total campaign debt (total debt owed as of December 31) | 15 | |

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: *[Signature]* Date: **2/21/19**

Sworn to and subscribed before me this **21st** day of **February** of the year **2019**. My commission expires the **29th** day of **November** of the year **2021**.

[Signature]
Signature of Notary Public

JENNIFER DERU
Notary Public, Alabama State At Large
My Commission Expires
November 29, 2021

[Signature]
Print Notary's Name

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

The FCPA requires that those contributions greater than \$100 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 | | | |
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| TOTAL RECEIPTS THIS PAGE | | | | | | | | | | | | \$0.00 | |

