

JAN 31 2019

SCOTT W. HASSELL
JUDGE OF PROBATE

Type of Report (check one)
 Monthly
 Weekly
 Amended Monthly
 Amended Weekly

For Monthly Reports
Month for which the report is filed.

August 10, 2018

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

Total Number of Pages in Report

6

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA
**Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1**

Please Print in Ink or Type.

Name of Candidate or Elected Official Kent Back		Political Party/Ballot Affiliation Republican
Office Sought or Held (include district or circuit number, if applicable) Gadsden City Council District 4		
Address <input type="checkbox"/> Check box if reporting new address 200 Wildhaven Circle		
City Gadsden	State AL	ZIP Code Telephone Number 35901 256-504-3280

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		5269.20
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	400.00	
2b	Non-itemized cash contributions	0	
2c	Total cash contributions (add lines 2a and 2b)		400.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	0	
3b	Non-itemized in-kind contributions	0	
3c	Total in-kind contributions (add lines 3a and 3b)	\$0.00	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	0	
4b	Non-itemized Receipts from Other Sources	0	
4c	Total receipts from other sources (add lines 4a and 4b)		0
Expenditures			
5a	Itemized expenditures (total from Form 5)		
5b	Non-itemized expenditures	122.50	
5c	Total expenditures (add lines 5a and 5b)	0	
Expenditures on Line of Credit			
6a	Itemized expenditures (total from Form 6)		
6b	Non-itemized expenditures	0	
6c	Total expenditures on credit (add lines 6a and 6b)	0	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	\$0.00	5546.70

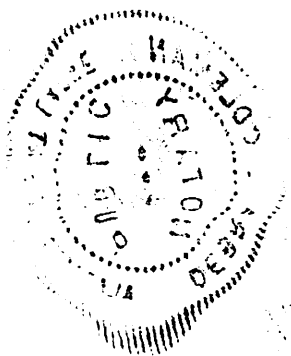
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures,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

Signature of Candidate or Elected Official: Kent Back
Date: 1-31-19

Sworn to and subscribed before me this January of the year 2019 day of the 1st day of June of the year 2019
 Signature of Notary Public: Debra L. Coleman
 Print Notary's Name: Debra L. Coleman



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U. S. DEPARTMENT OF JUSTICE



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U. S. DEPARTMENT OF JUSTICE



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Kent Back

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		
Clyde Morris	203 Claremont Dr., Gadsden, AL 35901		<input checked="" type="checkbox"/>				8-1-18	200.00
Gadsden Eye Associates	429 So. 3rd St., Gadsden, AL 35901	<input checked="" type="checkbox"/>					8-6-18	200.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								400.00



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Kent Back

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	Consultancy	Polling	Equipment	Food	Rent	Transportation	Other	Business/Corporation	Individual	PAC	Other						
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																\$0.00				



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Kent Back

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 COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING 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	



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Kent Back

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	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION			
USPS	700 Chestnut St., Gadsden, AL 35901											Postage	8-3-2018	122.50
TOTAL EXPENDITURES THIS PAGE														122.50

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Kent Back



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	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION		
TOTAL EXPENDITURES THIS PAGE												\$ 0.00	