

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

SEP 08 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 <u>LESSIE KATRINA MITCHELL</u>		Political Party/Ballot Affiliation <u>DEMOCRAT</u>	
Office Sought or Held (include district or circuit number, if applicable) <u>Councilwoman</u>			
Address <input type="checkbox"/> Check box if reporting new address <u>33 Pine STREET</u>			
City <u>RIDGEBVILLE</u>	State <u>AL</u>	ZIP Code <u>35954</u>	Telephone Number <u>256-5386409</u>

Type of Report (check one)

- Monthly Amended Monthly
 Weekly 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

<u>7</u>

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<u>-0-</u>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	<u>-0-</u>
2b	Non-itemized cash contributions	2b	<u>-0-</u>
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>-0-</u> \$0.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	<u>NONE</u>
3b	Non-itemized in-kind contributions	3b	<u>NONE</u>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<u>NONE</u> \$0.00
Receipts from Other Sources			
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> \$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	<u>-0-</u>
5b	Non-itemized expenditures	5b	<u>-0-</u>
5c	Total expenditures (add lines 5a and 5b)	5c	<u>-0-</u> \$0.00
Expenditures on Line of Credit			
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> \$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<u>-0-</u> \$0.00

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.

Lessie Katrina Mitchell 8-20-20
Signature of Candidate or Elected Official Date

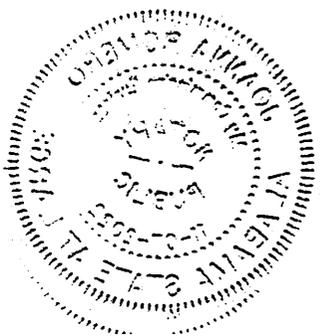
Sworn to and subscribed before me this 20th day of AUGUST of the year 2020. My commission expires the 7th day of November of the year 2022.

Joanna Romero
Signature of Notary Public
Joanna Romero
Print Notary's Name

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Appointment of Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate			
Office Sought (include district or circuit number, if applicable)		Political Party / Ballot Affiliation	
Address of the Committee (street or post office box)			
City	State	ZIP Code	Telephone Number

This form is due within five (5) calendar days of reaching the threshold amount, or within five (5) calendar days of qualifying with a political party, or within five (5) calendar days of filing a petition as an independent candidate.

Type of Committee (check one)

- I appoint myself as the sole member of my principal campaign committee.
- I hereby appoint the individuals listed below to act as my principal campaign committee.

If you are appointing others to serve as your committee, you must select at least two members. You may appoint up to five members. One member should be designated as the chairperson of the committee. A second member should be designated as the treasurer. Please clearly print their names and addresses in the spaces below. Each appointee **must** sign his or her name.

Candidates who choose to be the sole member of their principal campaign committee **must** choose a designee to dissolve the committee due to the possibility of death or incapacitation of the candidate.

Chairperson			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Treasurer			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Member			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Committee Dissolution Designee			
Full Name		Email Address	
Address (street or post office box)			
City	State	ZIP Code	
Signature of Appointee			

Where to file this form ...

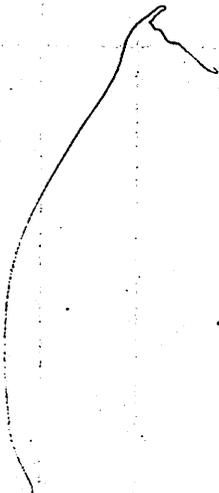
- State candidates file with the Office of the Secretary of State.*
- County candidates must file electronically at fcpa.alabamavotes.gov
- Municipal candidates file with the county judge of probate.

* This form does not establish electronic filing. To file electronically, visit fcpa.alabamavotes.gov and click "Committee Registration."

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the information contained herein is true and correct.

Signature of elected official or candidate

Date





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
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
	D/A																	
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																\$0.00		

