

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

AUG 13 2020

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

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.

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

Total Number of Pages in Report

Empty boxes for reporting details.

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Lisa Dover</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>Council, Place 4</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>2525 Main Street</i>			
City <i>Altoona</i>	State <i>AL</i>	ZIP Code <i>35952</i>	Telephone Number <i>256-390-6084</i>

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	
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	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
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 (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		\$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.

Lisa Dover
Signature of Candidate or Elected Official
Date *8-12-2020*

Sworn to and subscribed before me this 12 day of Aug of the year 2020. My commission expires the 3 day of Jan of the year 2021.

Theresa Hutchens
Signature of Notary Public
Theresa Hutchens
Print Notary's Name

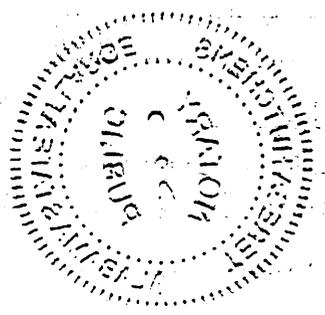
1377

AND 9 1952

SCOTT W. HASSLETT
JUDGE OF PROBATE

WITNESSETH that the within and foregoing is a true and correct copy of the original as the same appears from the records of the Court of Probate for the County of [unclear] State of [unclear] this [unclear] day of [unclear] 1952.

WITNESSETH that the within and foregoing is a true and correct copy of the original as the same appears from the records of the Court of Probate for the County of [unclear] State of [unclear] this [unclear] day of [unclear] 1952.



WITNESSETH that the within and foregoing is a true and correct copy of the original as the same appears from the records of the Court of Probate for the County of [unclear] State of [unclear] this [unclear] day of [unclear] 1952.



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		
TOTAL CASH CONTRIBUTIONS THIS PAGE							\$0.00	



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					
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE															\$0.00			

