

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

**FILED**

**AUG 17 2018**

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>MITCHELL JAMES</b>		Political Party/Ballot Affiliation <b>N/A</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>MAYOR - CITY OF GADSDEN, ALABAMA</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>P.O. BOX 4224</b>			
City <b>GADSDEN</b>	State <b>ALABAMA</b>	ZIP Code <b>35904</b>	Telephone Number <b>256-490-9972</b>

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

<b>8/17/2018</b>
<b>6</b>

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 \$298.74
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	\$149.00
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c	\$149.00
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	\$21.49
3b	Non-itemized in-kind contributions	3b	\$0.00
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$21.49
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	\$0.00
4b	Non-itemized Receipts from Other Sources	4b	\$0.00
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$0.00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a	\$42.40
5b	Non-itemized expenditures	5b	\$0.00
5c	Total expenditures (add lines 5a and 5b)	5c	\$42.40
<b>Expenditures on Line of Credit</b>			
6a	Itemized expenditures (total from Form 6)	6a	\$0.00
6b	Non-itemized expenditures	6b	\$0.00
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	\$405.34

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: **8-17-18**

Sworn to and subscribed before me this 17<sup>th</sup> day of August of the year 2018. My commission expires the 15<sup>th</sup> day of August of the year 2021.

Signature of Notary Public: *[Signature]*  
Print Notary's Name: **Amanda Champion**

*[Handwritten mark]*







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

NAME OF CANDIDATE OR ELECTED OFFICIAL: MITCHELL JAMES

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 <small>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]</small>	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other		
-----N/A-----	-----N/A-----				-----N/A-----							
<b>TOTAL RECEIPTS THIS PAGE</b>											\$0.00	

*AC*





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

NAME OF CANDIDATE OR ELECTED OFFICIAL: MITCHELL JAMES

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		
-----N/A-----	-----N/A-----												
<b>TOTAL EXPENDITURES THIS PAGE</b>												\$ 0.00	

*AC*