

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1

FILED
FEB 03 2020

SCOTT W. HASSELL
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Trey Binkley</i>		Political Party/Ballot Affiliation _____	
Office Sought or Held (include district or circuit number, if applicable) <i>RBC Council</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>203 Roberts Ave</i>			
City <i>RBC</i>	State <i>AL</i>	ZIP Code <i>35906</i>	Telephone Number <i>256 622 2375</i>

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports
Month in which the report is filed.

January

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

Total Number of Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<i>0</i>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		<i>0</i>
2b	Non-itemized cash contributions	2b		<i>0</i>
2c	Total cash contributions (add lines 2a and 2b)	2c		<i>0</i>
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		<i>1,170</i>
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		<i>1,170</i>
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		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c		
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		

Candidates for State Office: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

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.

Sworn to and subscribed before me this _____ day of _____ of the year _____. My commission expires the _____ day of _____ of the year _____.

Trey Binkley
Signature of Candidate or Elected Official
Date *1/31/2020*

Signature of Notary Public
Print Notary's Name _____



CHIEF

OFFICE

RECEIVED

UNITED STATES DEPARTMENT OF THE ARMY

REGIMENTAL HEADQUARTERS

100th AIRBORNE DIVISION

101st AIRBORNE DIVISION

102nd AIRBORNE DIVISION

103rd AIRBORNE DIVISION

104th AIRBORNE DIVISION

105th AIRBORNE DIVISION

106th AIRBORNE DIVISION

107th AIRBORNE DIVISION

108th AIRBORNE DIVISION

109th AIRBORNE DIVISION

110th AIRBORNE DIVISION

111th AIRBORNE DIVISION

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118th AIRBORNE DIVISION

119th AIRBORNE DIVISION

120th AIRBORNE DIVISION

121st AIRBORNE DIVISION

122nd AIRBORNE DIVISION

123rd AIRBORNE DIVISION

124th AIRBORNE DIVISION

125th AIRBORNE DIVISION

126th AIRBORNE DIVISION

127th AIRBORNE DIVISION



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								



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

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 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			
TOTAL RECEIPTS THIS PAGE													

