

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

Oct 02 2020

Type of Report: Monthly Weekly Amended Weekly
 Candidate: **SCOTT W. HASSELL**
 Office: **JUDGE OF PROBATE**

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: **10/2/2020**
 Total Number of Pages in Report: **6**

Please Print in Ink or Type.

Name of Candidate or Elected Official William Jameson Jenkins		Political Party/Ballot Affiliation N/A	
Office Sought or Held (include district or circuit number, if applicable) Rainbow City Council Place 4			
Address <input type="checkbox"/> Check box if reporting new address 106 Red Barn Road			
City Rainbow City	State AL	ZIP Code 35906	Telephone Number 256.458.6143

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		\$13.69
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	\$1,500.00
3b	Non-itemized in-kind contributions	3b	\$85.00
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$1,585.00
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	\$13.69

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.

William Jenkins | 10-2-20
 Signature of Candidate or Elected Official | Date

Sworn to and subscribed before me this 02 day of Oct of the year 2020. My commission expires the 24 day of Sept of the year 2024.

Pam Bone
 Signature of Notary Public

Pam Bone
 Print Notary's Name

FILED

1909

JUDGE OF PROBATE
SCOTT W. HASSELL



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FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: William Jameson Jenkins

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: William Jameson Jenkins

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												\$0.00	

