



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official DEBORAH ADAIR		Political Party/Ballot Affiliation DEMOCRAT	
Office Sought or Held (include district or circuit number, if applicable) COUNCIL PEARSON			
Address ☐ Check box if reporting new address 1303 DUCK SPRINGS ROAD			
City RIDGEVILLE, AR	State AR	ZIP Code 35954	Telephone Number 256-538-8656

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

7

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	-0-
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	-0-
2b	Non-itemized cash contributions	2b	-0-
2c	Total cash contributions (add lines 2a and 2b)	2c	-0- \$0.00
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	none
3b	Non-itemized in-kind contributions	3b	none
3c	Total in-kind contributions (add lines 3a and 3b)	3c	none \$0.00
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>N/A</i>
4b	Non-itemized Receipts from Other Sources	4b	-0-
4c	Total receipts from other sources (add lines 4a and 4b)	4c	-0- \$0.00
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	-0-
5b	Non-itemized expenditures	5b	-0-
5c	Total expenditures (add lines 5a and 5b)	5c	-0- \$0.00
Expenditures on Line of Credit			
6a	Itemized expenditures (total from Form 6)	6a	-0-
6b	Non-itemized expenditures	6b	-0-
6c	Total expenditures on credit (add lines 6a and 6b)	6c	-0- \$0.00
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	-0- \$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.

Deborah Adair

Signature of Candidate or Elected Official

Date

8/21/20

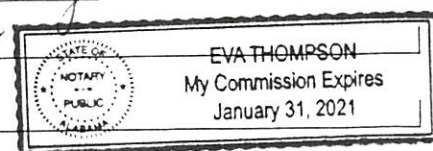
Sworn to and subscribed before me this 21st day of August of the year 2020. My commission expires the 31st day of January of the year 2021.

Eva Thompson

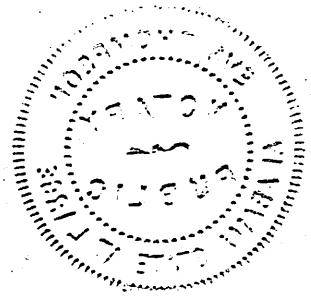
Signature of Notary Public

Eva Thompson

Print Notary's Name



FILED
MAY 13 1961
FBI - NEW YORK



RECEIVED
MAY 13 1961
FBI - NEW YORK



Appointment of Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate DEBORAH ANN ADAIR			
Office Sought (include district or circuit number, if applicable) Council person		Political Party / Ballot Affiliation	
Address of the Committee (street or post office box) 1303 DUCKSPRING RD.			
City RIDGEVILLE	State ALABAMA	ZIP Code 35454	Telephone Number 256-538-8656

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		

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		

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 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.

Deborah Adair
Signature of elected official or candidate

8-19-20
Date



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

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			
N/A	N/A								
TOTAL CASH CONTRIBUTIONS THIS PAGE									\$0.00

FORM REVISED 10.27.2011



ARIZONA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

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.

[illegible]



2024 FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

[illegible]



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

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

[illegible]