ANNUAL

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report
SUMMARY FORM 1A

THIS AREA FOR OFFICIAL USE ONLY

FILED

DEC 31 2020

SCOTT W. HASSELL
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Deborah L Hiltz	

Office Sought or Held (include district or circuit number, if applicable): City Council Rainbow City Alabama

Address ☐ Check box if reporting new address: 110 Fiddlers Folly Rd.

City	State	ZIP Code	Telephone Number
Rainbow City	AL	35906	256-393-2100

Calendar Year covered by this report: 2020

☐ Amended Annual Report
☒ Termination Report

Total Pages in Report Include this page in your count: 5+Dissolution r

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)			1	$1.76
	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	Total itemized receipts from other sources (total from Form 4)	4a			
4b	Total 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	$1.76		
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c	$1.76
	Expenditures on Line of Credit				
6a	Itemized expenditures on line of credit (total from Form 6)	6a			
6b	Non-itemized expenditures	6b			
6c	Total expenditures on line of credit (add lines 6a and 6b)	6c	$0.00		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			7	$0.00

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

8	Beginning balance (as of January 1 of reporting year)			8	
9	Total cash contributions for year			9	
10	Total in-kind contributions for year	10			
11	Total receipts from other sources for year			11	
12	Total expenditures for year			12	
13	Total expenditures on line of credit for year	13			
14	Ending balance (add lines 8, 9, & 11, then subtract line 12)			14	$0.00
15	Total campaign debt (total debt owed as of December 31)	15			

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 30th day of Dec of the year 2020. My commission expires the 20th day of April of the year 2021

NOTARY PUBLIC

Signature of Notary Public: Andrea Drummonds Jenkins

Signature of Candidate or Elected Official: Deborah L Hiltz

Date: 12/30/2020

Print Notary's Name: Andrea Drummonds Jenkins

FORM REVISED 5.24.2017

FILED

DEC 31 2020

SCOTT W. HASSELL
JUDGE OF PROBATE

NOTARY PUBLIC

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 2: CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL _____ PAGE _____ OF _____

The FCPA requires that those contributions greater than $100 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 REVISED 10.29.99

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OI ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: ____________________ PAGE ______ OF ______

The FCPA requires that those contributions greater than $100 be itemized. **DO NOT LIST** cash or loans on t s 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 (C IECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other		
FORM REVISED 10.29.99		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE													$0.00

FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL ____________________ PAGE ___ OF ___

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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		

FORM REVISED 10.26.98 — TOTAL IN-KIND CONTRIBUTIONS THIS PAGE $0.00

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: _____ PAGE _____ OF _____

The FCPA requires that those contributions greater than $100 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

FORM REVISED 10.29.99

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTERDEPOSITS OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL _____ PAGE ____ OF ____

The FCPA requires that those contributions greater than $100 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, 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) EXTENDING OR GUARANTEEING LOAN)	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mm/dd/yyyy)	AMOUNT OF RECEIPT
		RECEIPT	LOAN	PRIOR		PAC	INDIVIDUAL	REFERENDUM	PRIOR			

ALABAMA FAIR CAMPAIGN . RACTICES ACT

FORM 5: EXP :NDITURES

BY CANDIDATE OR ELECTED (FICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PAR ES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTEI OFFICIAL: _____ PAGE _____ OF _____

The FCPA requires that expenditures over $ 1 be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PU E OF EXPENDITURE (CHECK ONE)										DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
Deborah L Hiltz	110 Fiddlers Folly Rd., Rainbow City, AL 35906							✔			Advertising	8/20/2000	$1.76
	TOTAL EXPENDITURES THIS PAGE												$1.76

FORM REVISED 10.29.99

ALABAMA FAIR CAMPAIGN PRACTICES ACT

FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL ______________________ PAGE ____ OF ____

The FCPA requires that expenditures over [illegible] 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): Administrative	Advertising	Consultation/Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo/day/yr)	AMOUNT OF EXPENDITURE
Deborah [illegible]	[illegible], Rainbow City, AL [illegible]							✓			[illegible]	[illegible]/2000	[illegible]
TOTAL EXPENDITURES THIS PAGE													[illegible]

FORM REVISED 10.26.99