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
SEP 08 2020
SCOTT W. HASSELL
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
KEVIN DEWayne GIBBS	DEMOCRAT
Office Sought or Held (include district or circuit number, if applicable)	
COUNCILMAN	
Address ☐ Check box if reporting new address: 305 GIBBS DRIVE	
City: RIDGEVILLE State: AL ZIP Code: 35954	Telephone Number: 256-613-5389

Type of Report (check one)
- ☑ Monthly
- ☐ Weekly
- ☐ Amended Monthly
- ☐ 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	-0-		
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.

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.

Signature of Notary Public

Print Notary's Name: Eva Thompson

EVA THOMPSON
My Commission Expires
January 31, 2021

FORM REVISED 06.06.2017

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report

SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
Kevin DeWayne Gibbs	Democrat
Office Sought or Held (include district or circuit number, if applicable)	
305 GIBBS DRIVE Councilman	
Address ☐ Check box if reporting new address	
305 GIBBS DRIVE	
City / State / ZIP Code	Telephone Number
RIDGEVILLE AL 35954	

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

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	
	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	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	$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.

Kevin DeWayne Gibbs _____
Signature of Candidate or Elected Official — Date

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

_____
Signature of Notary Public

_____
Print Notary's Name

FORM REVISED 06.06.2017

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

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							$0.00

FORM REVISED 10.27.2011

ALABAMA 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.

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		
	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														$0.00

FORM REVISED 10.27.2011

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

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

FORM REVISED 10.27.2011

ALABAMA 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.

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
	TOTAL EXPENDITURES THIS PAGE												$0.00

FORM REVISED 10.27.2011

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

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.

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		
	TOTAL EXPENDITURES THIS PAGE												$ 0.00

FORM REVISED 5.19.2017