

MONTHLY & WEEKLY

FILED

Aug 17 2020

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

SCOTT W. HASSELL
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: 5

Please Print in Ink or Type.

Name of Candidate or Elected Official: LARRY MEARS Political Party/Ballot Affiliation: N/A

Office Sought or Held (include district or circuit number, if applicable): MAYOR

Address: ☐ Check box if reporting new address
1104 6th St SW

City: ATLANTA State: GA ZIP Code: 35954 (256) 441-9400 Telephone Number: _____

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<u>\$5,685.23</u>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	<u>\$3,978.52</u>	
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)	2c	<u>3,978.52</u>	
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		
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	<u>-0-</u>	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<u>\$2,195.60</u>	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	<u>\$2,195.60</u>	
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a		
6b	Non-itemized expenditures	6b	<u>-0-</u>	
6c	Total expenditures on credit (add lines 6a and 6b)	6c		
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<u>\$7,468.15</u>	

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: [Signature] Date: 8/17/20

Sworn to and subscribed before me this 17 day of Aug of the year 2020. My commission expires the 24 day of Sept of the year 2020.

Signature of Notary Public: Pam Bone
Print Notary's Name: Pam Bone

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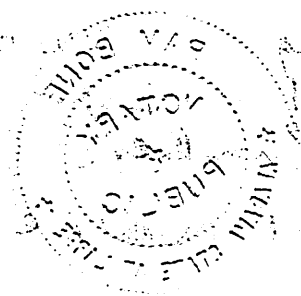
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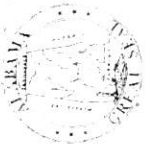


When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

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		
Alabama Citizens for Good Government Tom Coker & Assoc.	1024 Forrest Ave Gadsden, AL 35901			✓			8/12/20	\$1,978 ⁵²
Johnson's Business Acct	PO Box 3294 Montgomery, AL 36109-0924	✓					8/12/20	1,000 ⁰⁰
	309 3rd Ave NW Atlanta, AL 35954	✓					8/19/20	1,000 ⁰⁰
TOTAL CASH CONTRIBUTIONS THIS PAGE								\$3,978 ⁵²

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Lawrence



When total expenditures to a single recipient exceed \$100.00, the FCRA 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
		Advertising	Consultants	Poling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
model tees	100 East Main St. Cody AL 35960	✓										8/12/20	\$1,810.60
VISA (model tees)	P.O. Box 51193 (wks para) Cody AL 35960	✓										7/17/20	\$385.00
TOTAL EXPENDITURES THIS PAGE												\$2,195.60	