



AUG 17 2020

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official Wade Whisenant	Political Party/Ballot Affiliation Independent		
Office Sought or Held (include district or circuit number, if applicable) Reece City Council-Place 5			
Address <input type="checkbox"/> Check box if reporting new address 1101 Valley Drive			
City Attalla	State Alabama	ZIP Code 35954	Telephone Number 256-490-2407

SCOTT W. HASSELL
JUDGE OF PROBATE

Type of Report (Check one)

Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month for which the report is filed.

8/21/2020

For Weekly Reports

Date of Friday in the week for which the report is filed.

1

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.

 8/17/2020

Signature of Candidate or Elected Official

Date

Sworn to and subscribed before me this 17th day of August of the year 2020. My commission expires the 8th day of August of the year 2021.



Signature of Notary Public



Print Notary's Name

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THE DEPARTMENT OF PROBATE
SCHOOL OF HASSLER

