



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

SEP 08 2020

SCOTT W. HASSELL
JUDGE OF PROBATE

Type of Report (check one)

☒ Monthly☐ Amended Monthly☐ Weekly☐ Amended WeeklyFor 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

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Willie J. Whiteside</i>		Political Party/Ballot Affiliation <i>Democrat</i>	
Office Sought or Held (include district or circuit number, if applicable) <i>City Council</i>			
Address ☐ Check box if reporting new address <i>1185 Duck Spring RD</i>			
City <i>Ridgely</i>	State <i>AL</i>	ZIP Code <i>35954</i>	Telephone Number <i>256 538 5898</i>

Summary of activity since last filed report

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

Willie J. Whiteside *7/20/20*
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this *20th* day of *August* of the year *2020*. My commission expires the *24th* day of *March* of the year *2021*.

Signature of Notary Public

Gerald Maxwell

Print Notary's Name

0504

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Appointment of Principal Campaign Committee

Please print in ink or type.

Full Name of Candidate <i>Willie J. Whites Jr.</i>			
Office Sought (include district or circuit number, if applicable) <i>CITY COUNCIL</i>		Political Party / Ballot Affiliation	
Address of the Committee (street or post office box) <i>1185 Duck Springs RD.</i>			
City <i>Bridgeville</i>	State <i>AL</i>	ZIP Code <i>35954</i>	Telephone Number <i>256 538 5888</i>

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.

Signature of elected official or candidate

Date

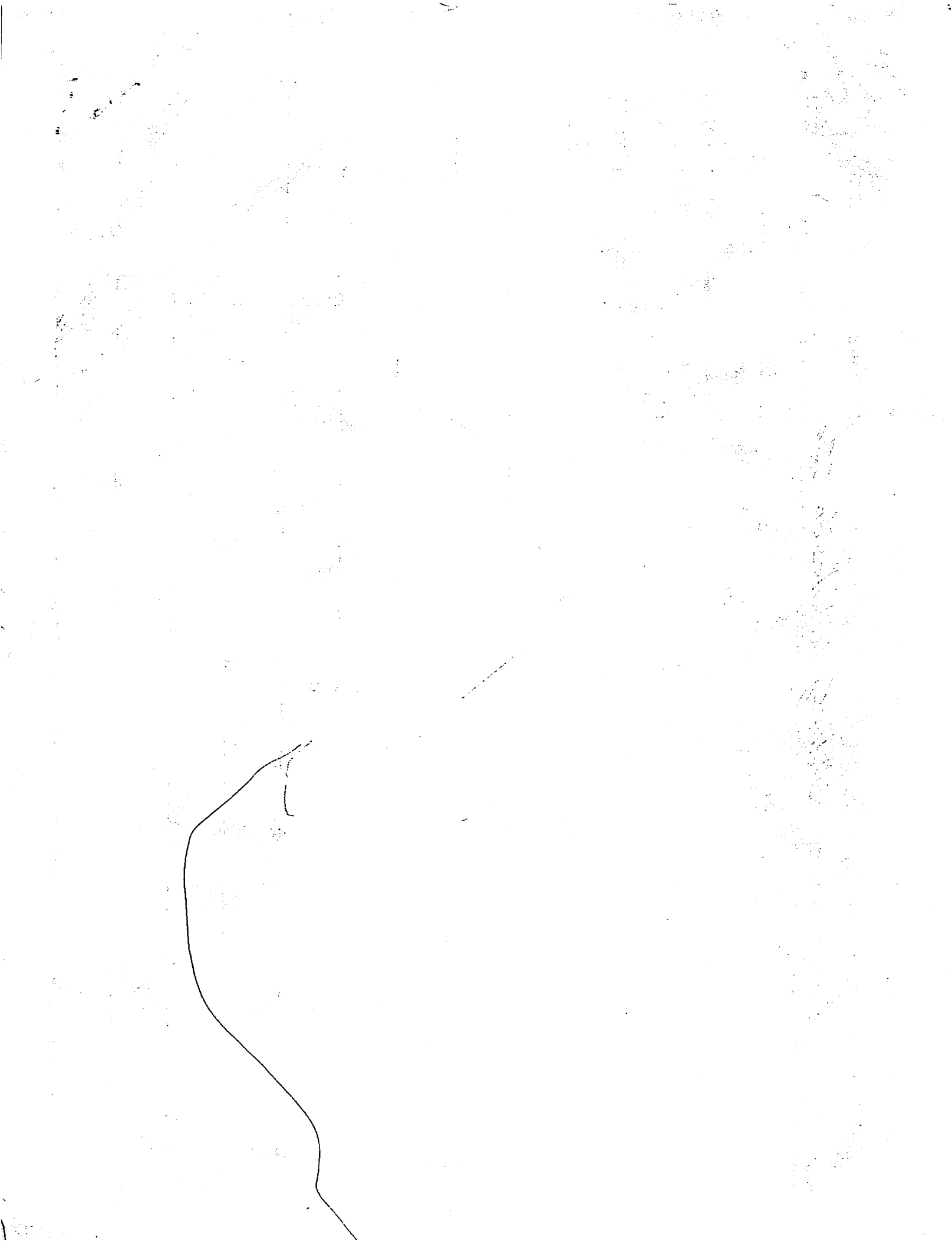
2.6

Received of the
Hon. Secy. of the
War Dept.
\$100.00
for
the
use of the
War Dept.

NAME OF CANDIDATE OR ELECTED OFFICIAL: Willie J. Whiteside Sr.

DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

FORM REVISED 10.27.2011





FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Willie J. Whiteside Sr.

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		
		TOTAL EXPENDITURES THIS PAGE										\$0.00



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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	