

Fair Campaign Practices Act State of Alabama

This document was filed electronically on 12/12/2024 at 12:24PM with the Elections Division, Office of the Alabama Secretary of State.

## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

		Please Print in	n Ink or Type.	ı					
Full Name of Candidate				Political Party / Ballo					
со	NNIE HUDSC								
Offic	ce Sought (inclu	ude district or circuit number, if a	applicable)						
MA	YOR, MOBILE	Ξ							
Add	Iress						Amend	ded Major Contributor	
281	6 CHURCHB	ELL COURT					I.		
City		State	ZIP Code	Telephone Number		Date of this	Report:	12/12/2024	
МО	BILE	AL	36695	(251) 751-1705					
Su	mmary of a	activity since last file	ed report						
1	Beginning	balance (ending bala	nce from pre	evious filing)			1	\$0.00	
2	Total Cash Contributions (total from For			.)			2	\$158,207.17	
3	Total In-Ki	ind Contributions (tota	I from Form	3)			3	\$0.00	
4	Total Rece	eipts from Other Source	ces (total fro	om Form 4)			4	\$0.00	
5	Ending bal	lance (add lines 1, 2,	3 and 4)				5	\$158,207.17	
time Elec Sign	ctronically Signature of Candid			he applicable period of 12/12/2024 Date	Signature of No Print Notary's N	otary Public		mmission expires the	
		ile this form							
	Candidates	s for State Office: File t	this report ele	ectronically with the	e Office of the	e Secretary	of State	e:	
			htt	tp://www.alabama	avotes.gov				
	Do you ha	ve questions or need a	assistance?	Contact the Elect	tions Divisio	on:			
	Call us:	Call us: 334-242-7210		sit our office:	Write to us:				
		800-274-8683	Ele	ections Division		Elections	Divisior	n	
	Email us:	alavoter@vote.alabama	a.gov 60	0 Dexter Avenue,	Room E-210	P.O. Box	5616		
			Mo	ontgomery, Alaban	na 36130	Montgom	ery, Ala	abama 36103-5616	
Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought. The address for each county's Judge of Probate is available on the web site of the Secretary of State									
			htt	tp://alabamavotes	s.gov				

## FORM 2: Contributions

## received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICAL:

CONNIE HUDSON

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.											
		SOURCE OF CONTRIBUTION (CHECK ONE)				I					
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo/day/yr)	AMOUNT OF CONTRIBUTION			
CONNIE HUDSON FOR COUNTY COMMISSION	2816 CHURCHBELL CT MOBILE, AL 36695				Х		12/12/2024	\$158,207.17			
FORM REVISED ON 11.22.2012 TOTAL CASH CONTRIBUTIONS											