



**Fair Campaign Practices Act
State of Alabama**

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**Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1A**

Please Print in Ink or Type.

Full Name of Candidate JUSTIN ANDREW SORRELL			Political Party / Ballot REPUBLICAN
Office Sought (include district or circuit number, if applicable) STATE AUDITOR			
Address PO BOX 2876			
City MUSCLE SHOALS	State AL	ZIP Code 35662	Telephone Number (256) 415-6779

Calendar Year covered by this report 2023

Amended Annual Report

Termination Report

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	\$21,127.75
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	\$6,000.00	
2b	Non-itemized cash contributions	2b	\$0.00	
2d	Total cash contributions (add lines 2a, 2b, and 2c)	2d	\$6,000.00	
In Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	\$2,027.06	
3b	Non-itemized in-kind contributions	3b	\$0.00	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	\$2,027.06	
Receipts from Other Sources				
4a	Total itemized receipts from other sources (total from Form 4)	4a	\$4,437.05	
4b	Total non-itemized receipts from other sources	4b	\$0.00	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	\$4,437.05	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	\$29,720.65	
5b	Non-itemized expenditures	5b	\$1,192.31	
5c	Total expenditures (add lines 5a and 5b)	5c	\$30,912.96	
Expenditures on Line of Credit				
6a	Itemized expenditures (total from Form 6)	6a	\$0.00	
6b	Non-itemized expenditures	6b	\$0.00	
6c	Total expenditures (add lines 6a and 6b)	6c	\$0.00	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	\$651.84	

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

8	Beginning balance (as of January 1 of reporting year)	8	\$1,127.75
9	Total cash contributions this year	9	\$26,000.00
10	Total in-kind contributions this year	10	\$2,027.06
11	Total receipts from other sources for year	11	\$4,437.05
12	Total expenditures for year	12	\$30,912.96
13	Expenditures on line of credit for year	13	\$0.00
14	Ending balance (add lines 7, 8, & 10, then subtract line 11)	14	\$651.84
15	Total campaign debt (total debt owed as of December 31)	15	\$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.

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

Electronically signed by JUSTIN ANDREW SORRELL, CANDIDATE 01/28/2024

Signature of Candidate or Elected Official Date

Signature of Notary Public

Print Notary's Name



FORM 2: Contributions

received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

JUSTIN ANDREW SORRELL

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		
MR. BRUCE REYNOLDS	P.O. BOX 566 ATHENS, AL 35612		X				03/01/2023	\$1,000.00
ALABAMA POWER CO. EMPLOYEES PAC	PO BOX 2641 BIRMINGHAM, AL 35203			X			03/06/2023	\$5,000.00
FORM REVISED ON 11.22.2012	TOTAL CASH CONTRIBUTIONS							\$6,000.00



FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: **JUSTIN ANDREW SORRELL**

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	Qualifying Fee	Give Brief Explanation	Business/ Corporation	Individual			PAC
THE HONORABLE JUSTIN ANDREW SORRELL	607 CAMBRIDGE CIR MUSCLE SHOALS, AL 35661						X		CAMPAIGN MILEAGE AT IRS RATE		X			12/31/2023	\$2027.06
FORM REVISED 11.29.2012	TOTAL IN-KIND CONTRIBUTIONS													\$2027.06	



FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL:

JUSTIN ANDREW SORRELL

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 GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING A LOAN]	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED	AMOUNT OF RECEIPT
		Form Interest	Form Loan	Refund	Return Contribution/Check		Other Give Brief Explanation	Lending Institution	Source PAC	Source Individual		
WVNN AM/FM	806 GOVERNOR'S DRIVE, STE 101 HUNTSVILLE, AL 35801			X					X		02/11/2023	\$268.00
WAKA	100 INTERSTATE PARK DRIVE, SUITE 120 MONTGOMERY, AL 36109			X					X		02/26/2023	\$210.80
WPMI	661 AZALEA RD. MOBILE, AL 36609			X					X		02/28/2023	\$1458.25
THE HONORABLE JUSTIN ANDREW SORRELL	607 CAMBRIDGE CIR MUSCLE SHOALS, AL 35661		X			JUSTIN SORRELL 607 CAMBRIDGE CIR MUSCLE SHOALS, AL 35661;			X		12/31/2023	\$2500.00
FORM REVISED ON 11.22.2012	TOTAL RECEIPTS										\$4437.05	



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

JUSTIN ANDREW SORRELL

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 Contributions	Food	Fundraising	Loan Repayment	Lodging	Transportation	Reimbursement	Refund			Qualifying Fee	Duties of the Office	Inaugural
PUBLIX	2900 E UNIVERSITY DR. AUBURN, AL 36830													X		01/09/2023	\$13.08
WALMART	1717 S COLLEGE ST AUBURN, AL 36832													X		01/10/2023	\$197.84
WALMART	1810 SHUG JORDAN PARKWAY AUBURN, AL 36832													X		01/11/2023	\$7.56
PUBLIX	2900 E UNIVERSITY DR. AUBURN, AL 36830													X		01/11/2023	\$27.20
PUBLIX	2900 E UNIVERSITY DR. AUBURN, AL 36830													X		01/14/2023	\$2.61
PUBLIX	2900 E UNIVERSITY DR. AUBURN, AL 36830													X		01/14/2023	\$35.78
PUBLIX	2900 E UNIVERSITY DR. AUBURN, AL 36830													X		01/15/2023	\$9.24
WALMART	2900 PEPPERELL PKWY OPELIKA, AL 36801													X		01/19/2023	\$25.35
SHERATON	2101 RICHARD ARRINGTON JR BLVD N BIRMINGHAM, AL 35203								X							02/25/2023	\$20.00
SHERATON	2101 RICHARD ARRINGTON JR BLVD N BIRMINGHAM, AL 35203								X							02/27/2023	\$189.83
TOTAL IMAGE	909 FOREST AVE MONTGOMERY, AL 36106	X														02/27/2023	\$181.50
YOUNG AMERICA'S FOUNDATION	PO BOX 2117 TUSCALOOSA, AL 35403														EVENT SPONSORSHIP	03/03/2023	\$1000.00
THE HONORABLE JUSTIN ANDREW SORRELL	607 CAMBRIDGE CIR MUSCLE SHOALS, AL 35661							X								03/03/2023	\$19500.00



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

JUSTIN ANDREW SORRELL

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 Contributions	Food	Fundraising	Loan Repayment	Lodging	Transportation	Reimbursement	Refund			Qualifying Fee	Duties of the Office	Inaugural	OTHER GIVE BRIEF EXPLANATION
THE HONORABLE JUSTIN ANDREW SORRELL	607 CAMBRIDGE CIR MUSCLE SHOALS, AL 35661						X										03/07/2023	\$5000.00
THE HONORABLE JUSTIN ANDREW SORRELL	607 CAMBRIDGE CIR MUSCLE SHOALS, AL 35661						X										03/17/2023	\$1250.00
USPS	2350 AVALON AVE. MUSCLE SHOALS, AL 35661	X															05/04/2023	\$226.00
USPS	2350 AVALON AVE. MUSCLE SHOALS, AL 35661	X															11/10/2023	\$7.60
THE HONORABLE JUSTIN ANDREW SORRELL	607 CAMBRIDGE CIR MUSCLE SHOALS, AL 35661									X							12/31/2023	\$2027.06
FORM REVISED 9.2.2011	TOTAL EXPENDITURES															\$29720.65		