

ALABAMA STATE CAPITOL  
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JOHN H. MERRILL  
SECRETARY OF STATE

**APPLICATION FOR ELECTION EXPENSE FUNDING RELATED TO COVID-19**

**County Information**

County Name: Winston

Mailing Address: P.O. Box 147  
(Address where check will Double Springs, AL 35553  
be mailed)

Name of Primary Contact: Judy Burnett

Direct Telephone Number: 205-489-5026

Email: wccomm@centurytel.net

Name of Secondary Contact: Dallas Baldwin

Direct Telephone Number: 205-489-5026

Email: dbaldwin@wccomm.com

RECEIVED

OCT 2 2020

ALABAMA  
SECRETARY OF STATE

Applied: \$5,182.<sup>00</sup>  
J.H. Merrill  
10/2/20

## Items Requested for Funding

Please complete this section indicating the items or services you will purchase or fund with the COVID-19 pandemic response expenditures. In order to be eligible to receive funds, you must complete all areas in this section. You must attach a quote or invoice for the items requested.

Items or Services to be Purchased or Funded with Concise Description	Cost of Items (Must attach quote or invoice)	Reason for Purchase/Funding
Latex Gloves	\$20.51	Personal Protective Equipment
Masks	\$36.68	Personal Protective Equipment
Germacidal Wipes	\$124.94	Poll workers to clean voting area and equipment
Poll Workers	\$5000.00	Poll workers
<b>TOTAL:</b>		
	\$5182.13 ✓	

**Please provide details for each non-repeating item for which you are seeking funding.  
Make additional pages, if necessary.**

**Total Request & Certification**

**Total Amount of Funding Request**  
\$5182.13 ✓

I, \_\_\_\_\_, in my capacity as Sheriff of \_\_\_\_\_ County, submit this application for Election Expense Funding related to COVID-19.  
(Sheriff shall sign this certification if any requested funding is applicable to the Sheriff)

I, Shirley D. Mason, in my capacity as the Judge of Probate of Winston County, submit this application for Election Expense Funding related to COVID-19.  
(Judge of Probate shall sign this certification if any requested funding is applicable to the Judge of Probate)

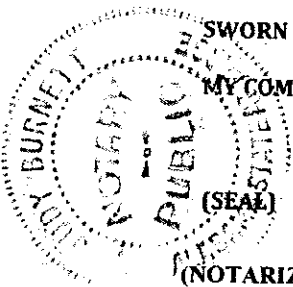
I, \_\_\_\_\_, in my capacity as the Absentee Election Manager of \_\_\_\_\_ County, submit this application for Election Expense Funding related to COVID-19.  
(Absentee Election Manager shall sign this certification if any requested funding is applicable to the Absentee Election Manager)

I, Roger Hayes, in my capacity as Chair/President of Winston County Commission, submit this application for Election Expense Funding related to COVID-19 for the aforesaid county.

By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge, that all state purchasing and/or bid laws and/or local purchasing regulations have been strictly followed related to the proposed purchase(s), that the amount for which I am seeking funding will be spent only on items or services in this application and that no individual or company for which funding will be spent has been suspended or debarred from access to federal funds.

I acknowledge that any misrepresentation of truth or accuracy may require that all grant monies awarded to the county be returned to the Alabama Secretary of State's Office or the United States Election Assistance Commission and that any other penalties provided by Federal and State law may apply.

Name of County: Winston  
Signature of Chair/President of the County Commission: Roger Hayes  
Date: October 2, 2020



SWORN AND SUBSCRIBED before me on this 2 day of October, 2020.  
MY COMMISSION EXPIRES the 11 day of February, 2024.

Judy Burnett  
SIGNATURE OF NOTARY PUBLIC

(NOTARIZATION REQUIRED ONLY FOR CHAIR/PRESIDENT OF COUNTY COMMISSION)