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JOHN H. MERRILL  
SECRETARY OF STATE

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

### County Information

County Name: CHAMBERS

Mailing Address:  
(Address where check will  
be mailed) #2 SOUTH LAFAYETTE STREET  
LAFAYETTE, AL 36862

Name of Primary Contact: REGINA CHAMBERS

Direct Telephone Number: (334) 476-2540

Email: REGINA.CHAMBERS@CHAMBERSCOUNTYAL.GOV

Name of Secondary Contact: SAMUEL BRADFORD

Direct Telephone Number: (706) 773-6179

Email: SAMUEL.L.BRADFORD@GMAIL.COM

Approved: \$100.2  
J.H. Merrill  
12/7/20

RECEIVED  
JB  
NOV 24 2020  
ALABAMA  
SECRETARY OF STATE

## 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
POLL WORKERS (2 WORKERS @ \$50 EACH)  <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;">APPROVED</div> BY: _____ DATE: _____	\$100.00	DULY APPOINTED POLL WORKERS ASSIGNED TO WORK THE NOVEMBER 3, 2020 ELECTION
<b>TOTAL:</b>		\$100.00 ✓

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**

\$ 100.00 ✓

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, Paul [Signature] in my capacity as the Judge of Probate of CHAMBERS 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, Lisa M Burdette in my capacity as the Absentee Election Manager of CHAMBERS 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, SAMUEL BRADFORD in my capacity as Chair/President of CHAMBERS County Commission, submit this application for Election Expense Funding related to COVID-19 for the aforesaid county.

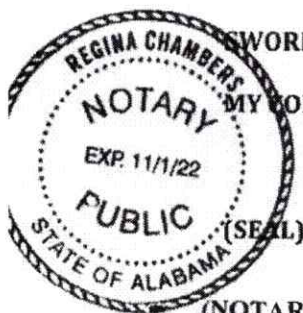
By signing this application, I certify that all information contained herein is accurate and complete to the best of my knowledge, that all state purchasing and/or bid laws and/or local purchasing regulations have been strictly followed related to the proposed purchase(s), that the amount for which I 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: CHAMBERS

Signature of Chair/President of the County Commission: Sam Bradford

Date: 11/16/2020



SWORN AND SUBSCRIBED before me on this 16TH day of NOVEMBER, 2020.

MY COMMISSION EXPIRES the 1ST day of NOVEMBER, 2022.

Regina Chambers  
SIGNATURE OF NOTARY PUBLIC

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