



Fair Campaign Practices Act State of Alabama

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Full Name of Candidate		Political Party / Ballot	
Office Sought (include district or circuit number, if applicable)			
Address			
City	State	ZIP Code	Telephone Number

☐

Amended Major Contributor

Date of this Report:

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	
2	Total Cash Contributions (total from Form 2)		2	
3	Total In-Kind Contributions (total from Form 3)		3	
4	Total Receipts from Other Sources (total from Form 4)		4	
5	Ending balance (add lines 1, 2, 3 and 4)		5	

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 _____.

Signature of Candidate or Elected Official

Date

Signature of Notary Public

Print Notary's Name

FORM REVISED 4.5.2013

Where to file this form ...

- **Candidates for State Office:** File this report electronically with the Office of the Secretary of State:

<http://www.alabamavotes.gov>

Do you have questions or need assistance? Contact the Elections Division:

Call us: 334-242-7210

Visit our office:

Write to us:

800-274-8683

Elections Division

Elections Division

Email us: alavoter@vote.alabama.gov

600 Dexter Avenue, Room E-210

P.O. Box 5616

Montgomery, Alabama 36130

Montgomery, Alabama 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:

<http://alabamavotes.gov>



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.

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		
FORM REVISED ON 11.22.2012	TOTAL CASH CONTRIBUTIONS							