



# FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

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

THIS AREA FOR OFFICIAL USE ONLY

Please Print in Ink or Type.

|   |       |                                      |                  |
|---|-------|--------------------------------------|------------------|
| Name of Candidate or Elected Official                                     |       | Political Party / Ballot Affiliation |                  |
| Office Sought or Held (include district or circuit number, if applicable) |       |                                      |                  |
| Address      Check box if reporting new address                           |       |                                      |                  |
| City  | State | ZIP Code                             | Telephone Number |

Type of Report (check one)

|                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Amended Monthly |
| <input type="checkbox"/> Weekly  | <input type="checkbox"/> Amended Weekly  |

**For Monthly Reports**

Month in which the report is filed.

**For Weekly Reports**

Date of Friday in the week in which the report is filed.

**Summary of activity from last filed report**

|                                       |  |    |    |  |
|---------------------------------------|--|----|----|--|
| 1                                     | Beginning balance (ending balance from previous filing)        |    | 1  |  |
| <b>Cash Contributions</b>             |  |    |    |  |
| 2a                                    | Itemized cash contributions (total from Form 2)                | 2a |    |  |
| 2b                                    | Non-itemized cash contributions                                | 2b |    |  |
| 2c                                    | Total cash contributions (add lines 2a and 2b)                 |    | 2c |  |
| <b>In Kind Contributions</b>          |  |    |    |  |
| 3a                                    | Itemized in-kind contributions (total from Form 3)             | 3a |    |  |
| 3b                                    | Non-itemized in-kind contributions                             | 3b |    |  |
| 3c                                    | Total in-kind contributions (add lines 3a and 3b)              | 3c |    |  |
| <b>Receipts from Other Sources</b>    |  |    |    |  |
| 4a                                    | Total itemized receipts from other sources (total from Form 4) | 4a |    |  |
| 4b                                    | Total non-itemized receipts from other sources                 | 4b |    |  |
| 4c                                    | Total receipts from other sources (add lines 4a and 4b)        |    | 4c |  |
| <b>Expenditures</b>                   |  |    |    |  |
| 5a                                    | Itemized expenditures (total from Form 5)                      | 5a |    |  |
| 5b                                    | Non-itemized expenditures                                      | 5b |    |  |
| 5c                                    | Total expenditures (add lines 5a and 5b)                       |    | 5c |  |
| <b>Expenditures on Line of Credit</b> |  |    |    |  |
| 6a                                    | Itemized expenditures (total from Form 6)                      | 6a |    |  |
| 6b                                    | Non-itemized expenditures                                      | 6b |    |  |
| 6c                                    | Total expenditures (add lines 6a and 6b)                       | 6c |    |  |
| 7                                     | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)  |    | 7  |  |

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

Signature of Candidate or Elected Official

Date

Signature of Notary Public

Print Notary's Name



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

| CONTRIBUTOR<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR<br>P.O. BOX, CITY, STATE, AND ZIP) | SOURCE OF CONTRIBUTION<br>(CHECK ONE) |            |     |       |          | DATE CONTRIBUTION RECEIVED<br>(mo/day/yr) | AMOUNT OF CONTRIBUTION |
|------------------------------------|---|---------------------------------------|------------|-----|-------|----------|---|------------------------|
|                                    |   | Business or Corporation               | Individual | PAC | Other | Returned |   |                        |
|                                    |   |                                       |            |     |       |          |   |                        |
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| FORM REVISED ON 11.22.2012         | TOTAL CASH CONTRIBUTIONS  |                                       |            |     |       |          |   |                        |



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

| CONTRIBUTOR<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR<br>P.O. BOX, CITY, STATE, AND ZIP) | SOURCE OF CONTRIBUTION<br>(CHECK ONE) |            |     |       |          | DATE CONTRIBUTION RECEIVED<br>(mo/day/yr) | AMOUNT OF CONTRIBUTION |
|------------------------------------|---|---------------------------------------|------------|-----|-------|----------|---|------------------------|
|                                    |   | Business or Corporation               | Individual | PAC | Other | Returned |   |                        |
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| FORM REVISED ON 11.22.2012         | TOTAL CASH CONTRIBUTIONS  |                                       |            |     |       |          |   |                        |



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|                                    |   | Business or Corporation               | Individual | PAC | Other | Returned |   |                        |
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| FORM REVISED ON 11.22.2012         | TOTAL CASH CONTRIBUTIONS  |                                       |            |     |       |          |   |                        |



| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR<br>P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                    |                          |      |             |                |         |                |               |        |                |                      |           | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|---|---|---------------------------------------|-------------|--------------------|--------------------------|------|-------------|----------------|---------|----------------|---------------|--------|----------------|----------------------|-----------|---|-----------------------------|
|   |   | Administrative                        | Advertising | Consultants/Poling | Charitable Contributions | Food | Fundraising | Loan Repayment | Lodging | Transportation | Reimbursement | Refund | Qualifying Fee | Duties of the Office | Inaugural |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
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|---|---|---------------------------------------|-------------|--------------------|--------------------------|------|-------------|----------------|---------|----------------|---------------|--------|----------------|----------------------|-----------|---|-----------------------------|
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|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
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|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR<br>P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                    |                          |      |             |                |         |                |               |        |                |                      |           | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|---|---|---------------------------------------|-------------|--------------------|--------------------------|------|-------------|----------------|---------|----------------|---------------|--------|----------------|----------------------|-----------|---|-----------------------------|
|   |   | Administrative                        | Advertising | Consultants/Poling | Charitable Contributions | Food | Fundraising | Loan Repayment | Lodging | Transportation | Reimbursement | Refund | Qualifying Fee | Duties of the Office | Inaugural |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
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|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
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|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
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|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
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|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
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|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
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|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
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|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
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|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |
|   |   |                                       |             |                    |                          |      |             |                |         |                |               |        |                |                      |           |   |                             |