



**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)


Monthly


Amended Monthly


Weekly


Amended Weekly

**For Monthly Reports**

Month in which the report is filed.

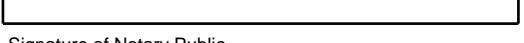
**For Weekly Reports**

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 Notary Public

Signature of Candidate or Elected Official

Date

Print Notary's Name

FORM REVISED 5.23.2017

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

## **FORM 2: Contributions received by candidate or elected official**



**NAME OF CANDIDATE OR ELECTED OFFICIAL:**

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.

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

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## **FORM 5: Expenditures** by candidate or elected official

**NAME OF CANDIDATE OR ELECTED OFFICIAL:**

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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## **FORM 5: Expenditures** by candidate or elected official

**NAME OF CANDIDATE OR ELECTED OFFICIAL:**

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
		OTHER GIVE BRIEF EXPLANATION													
		<input type="checkbox"/> Inaugural													
		<input type="checkbox"/> Duties of the Office													
		<input type="checkbox"/> Qualifying Fee													
		<input type="checkbox"/> Refund													
		<input type="checkbox"/> Reimbursement													
		<input type="checkbox"/> Transportation													
		<input type="checkbox"/> Lodging													
		<input type="checkbox"/> Loan Repayment													
		<input type="checkbox"/> Fundraising													
		<input type="checkbox"/> Food													
		<input type="checkbox"/> Charitable Contributions													
		<input type="checkbox"/> Consultants/Polling													
		<input type="checkbox"/> Advertising													
		<input type="checkbox"/> Administrative													
		<b>TOTAL EXPENDITURES</b>													

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