



**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.

Name of Candidate or Elected Official		Political Party / Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable)			
Address <input type="checkbox"/> 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
Cash Contributions			
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
In Kind Contributions			
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	
Receipts from Other Sources			
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
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)		5c
Expenditures on Line of Credit			
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 _____ Date _____

Signature of Notary Public

Signature of Candidate or Elected Official

Date

Print Notary's Name



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.

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							



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FORM REVISED ON 11.22.2012	TOTAL CASH CONTRIBUTIONS							



FORM 3: In-Kind 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 cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)								SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consulting / Polling	Food	Rent	Transportation	Qualifying Fee	Other Give Brief Explanation	Business / Corporation	Individual	PAC	Other		
FORM REVISED 11.29.2012	TOTAL IN-KIND CONTRIBUTIONS														



FORM 4: Receipts from Other Sources (loans, interest, and other sources of income)

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 cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT				COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING A LOAN]	RECEIPT SOURCE (CHECK ONE)				DATE RECEIVED	AMOUNT OF RECEIPT
		From Interest	Form Loan	Refund	Return Contribution / Check		Other Give Brief Explanation	Lending Institution	Source PAC	Source Individual		
											TOTAL RECEIPTS	



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			
		Administrative	Advertising	Consultants/Polling	Charitable Contributions	Food	Fundraising	Loan Repayment	Lodging	Transportation	Reimbursement	Refund			Qualifying Fee	Duties of the Office	Inaugural
												TOTAL EXPENDITURES					



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		Administrative	Advertising	Consultants/Polling	Charitable Contributions	Food	Fundraising	Loan Repayment	Lodging	Transportation	Reimbursement	Refund			Qualifying Fee	Duties of the Office	Inaugural
												TOTAL EXPENDITURES					