



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.					
Name of Candidate or Elected Official	Political Party/l	Ballot Affiliation	Type of Repor		
			Mon Was		Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)			☐ Wee	· L	Amended Weekly
Address			For Monthly R Month in which		
Address Check box in reporting new address			report is filed.		
	T =	··.·	For Weekly Re Date of Friday	• 1	
City State ZIP Code	Telephone Nur	mber	week in which	I .	
			report is filed. Total Number	of [
			Pages in Repo		
Summary of activity since last filed report				,	
1 Beginning balance (ending balance from previous	ous 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		1 			
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 Itemized Receipts from Other Sources (total from	om Form 4)	4a			
4b 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	
6 Ending balance (add lines 1, 2c, & 4c, then subt	ract line 5c)			6	
Candidates for State Office: File this report with the Of	fice of the Se	ecretary of S	tate.		
Candidates for County or Municipal Office: File this r				ty in whicl	n the office is sought.
As required by the Alabama Fair Campaign Practices Act, I he	reby Swo	rn to and sub	scribed before me	this	day of
swear or affirm to the best of my knowledge and belief tha attached report(s) and the information contained herein		0	f the year	M	y commission expires
true and correct and that this information is a full and comp					ear
statement of all contributions, expenditures, and other requirements during the applicable period of time	uired		-		***************************************
information during the applicable period of time.	,				
Signature of Candidate or Elected Official Date	Sign	ature of Notary	Public		

Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFF

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.

	IS PAGE	뒾	S		BU.	콘	TOTAL CASH CONTRIBUTIONS THIS PAGE	ORM REVISED 10.27.2011
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	Business or Corporation	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
			SOURCE OF CONTRIBUTION (CHECK ONE)	URC TRIB	CON CON	ЭP		

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

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.

	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	S TH	SNC)TK	BL	I R	ğ	D C	Z	Z	A	TO.			FORM REVISED 10.27.2011
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OF CONTRIBUTION	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Polling Equipment	Consultants/	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		<u></u>	JRCE K ON	SOURCE (CHECK ONE)		4	JTIOI	RIBI	NATURE OF CONTRIBUTION (CHECK ONE)	CHE	ORE	N A			

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

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.

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									:	:		
AMOUNI OF RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF RECEIPT (INCLUDE FULL NAME)
			RECEIPT SOURCE (CHECK ONE)	ECK ((인 ECE		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	FORM	유		
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

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.

	PAGE	TOTAL EXPENDITURES THIS PAGE	NDIT	PEI	. EX	TAL	O.					FORM REVISED 10.27.2011
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AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Loan	Fundraising	Charitable Contribution Food	Polling	Advertising Consultants/	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	PURPOSE OF EXPENDITURE (CHECK ONE)	(ONE)	HECK	3SOc	PUR					