

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**FILED**  
NOV 17 2016  
FILED IN OFFICE  
BOBBY M. JENNINGS  
JUDGE OF PROBATE NOV 04 2016  
TIM MITCHELL  
JUDGE OF PROBATE  
BY: \_\_\_\_\_

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Jeffery Davis</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>Boaz City Council Place 2</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>89 Kilpatrick Dr.</b>			
City <b>Boaz</b>	State <b>AL</b>	ZIP Code <b>35957</b>	Telephone Number <b>256-572-0077</b>

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.

Total Number of Pages in Report

<b>11-4-16</b>

### Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<b>30.84</b>
<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	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	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	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6	<b>30.84</b>

Candidates for State Office: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

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.

Signature of Candidate or Elected Official: [Signature] Date: 11-4-16

Sworn to and subscribed before me this Nov. day of Nov. of the year 2016. My commission expires the 30 day of March of the year 2019.

Signature of Notary Public: [Signature]  
 Print Notary's Name: Lea Ann Groves

