

2045

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED
OCT 20 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Scarlett Rains Farley		Political Party/Ballot Affiliation Rep	
Office Sought or Held (include district or circuit number, if applicable) BOARD OF Education			
Address <input type="checkbox"/> Check box if reporting new address 408 RAINS AVE			
City Glencoe	State AL	ZIP Code 35903	Telephone Number 2564921832

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.

OCT 24, 2014

Total Number of Pages in Report

5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	938
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	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	-
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 subtract line 5c)		6	-938-

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 Date

Sworn to and subscribed before me this 20th day of Oct of the year 2014. My commission expires the 1st day of June of the year 2014.


Signature of Notary Public

Debra Coleman
Print Notary's Name

