

# ALABAMA FAIR CAMPAIGN PRACTICES ACT CANDIDATE / ELECTED OFFICIAL ANNUAL REPORT SUMMARY FORM 1A

**FILED**  
**JAN 30 2017**

**BOBBY M. JUNKINS**  
**JUDGE OF PROBATE**

Please Print in Ink or Type.

|  |             |                                    |                                  |
|--|-------------|------------------------------------|----------------------------------|
| Name of Candidate or Elected Official<br>Thomas Earl Worthy  |             | Political Party/Ballot Affiliation |                                  |
| Office Sought or Held (include district or circuit number, if applicable)<br>Gadsden City Council - District 3 |             |                                    |                                  |
| Address <input type="checkbox"/> Check box if reporting new address<br>801 Crest Avenue                        |             |                                    |                                  |
| City<br>Gadsden  | State<br>AL | ZIP Code<br>35901                  | Telephone Number<br>256-504-5049 |

Type of Report (check one)

- Annual Report for Year 2016  
 Termination Report  
 Amended Annual Report for Year \_\_\_\_\_

**SECTION I - Summary of activity from last filed report through December 31 of reporting year**

|                                    |  |    |   |         |
|------------------------------------|--|----|---|---------|
| 1                                  | Beginning balance (ending balance from previous filing)      |    | 1 | \$39.06 |
| <b>Cash Contributions</b>          |  |    |   |         |
| 2a                                 | Itemized cash contributions (total from Form 2)              | 2a |   | \$0.00  |
| 2b                                 | Non-itemized cash contributions                              | 2b |   | \$0.00  |
| 2c                                 | Total cash contributions (add lines 2a and 2b)               | 2c |   | \$0.00  |
| <b>In-Kind Contributions</b>       |  |    |   |         |
| 3a                                 | Itemized in-kind contributions (total from Form 3)           | 3a |   | \$0.00  |
| 3b                                 | Non-itemized in-kind contributions                           | 3b |   | \$0.00  |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)            | 3c |   | \$0.00  |
| <b>Receipts from Other Sources</b> |  |    |   |         |
| 4                                  | Total receipts from other sources (total from Form 4)        | 4  |   | \$0.00  |
| <b>Expenditures</b>                |  |    |   |         |
| 5a                                 | Itemized expenditures (total from Form 5)                    | 5a |   | \$0.00  |
| 5b                                 | Non-itemized expenditures                                    | 5b |   | \$0.00  |
| 5c                                 | Total expenditures (add lines 5a and 5b)                     | 5c |   | \$0.00  |
| 6                                  | Ending balance (add lines 1, 2c, & 4, then subtract line 5c) | 6  |   | \$39.06 |

**SECTION II - Summary of activity for entire reporting year - January 1st through December 31st**

|    |  |    |  |         |
|----|--|----|--|---------|
| 7  | Beginning balance (as of January 1 of reporting year)        | 7  |  | \$39.06 |
| 8  | Total cash contributions for year                            | 8  |  | \$0.00  |
| 9  | Total in-kind contributions for year                         | 9  |  | \$0.00  |
| 10 | Total receipts from other sources for year                   | 10 |  | \$0.00  |
| 11 | Total expenditures for year                                  | 11 |  | \$0.00  |
| 12 | Ending balance (add lines 7, 8, & 10, then subtract line 11) | 12 |  | \$39.06 |
| 13 | Total campaign debt (total debt owed as of December 31)      | 13 |  | \$93.19 |

Sworn to and subscribed before me this 27<sup>th</sup> day of Jan. of the year 2017. My commission expires the 28<sup>th</sup> day of March of the year 2017.

Iva Nelson  
Signature of Notary Public  
Iva Nelson  
Print Notary's Name

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.

Thomas Worthy  
Signature of Candidate or Elected Official  
1-27-17  
Date



# FORM 3: IN-KIND CONTRIBUTIONS RECEIVED BY CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Thomas Worthy

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings.

| CONTRIBUTOR<br>(INCLUDE FULL NAME)           | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       | SOURCE<br>(CHECK ONE)    |            |     |       | DATE CONTRIBUTION RECEIVED<br>(mo./day/yr.) | AMOUNT OF CONTRIBUTION |
|--|--|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----|-------|---|------------------------|
|  |  | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC | Other |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
|  |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       |   |                        |
| <b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b> |  |                                       |             |                         |           |      |      |                |       |                          |            |     |       | \$0.00                                      |                        |

# FORM 4: RECEIPTS FROM OTHER SOURCES

LOANS/INTEREST/OTHER SOURCES OF INCOME TO CANDIDATE OR ELECTED OFFICIAL

NAME OF CANDIDATE / ELECTED OFFICIAL: Thomas Worthy

PAGE 1 OF 1

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

| SOURCE OF RECEIPT<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN<br><br>GUARANTORS<br><br>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | RECEIPT SOURCE (CHECK ONE) |     |            |          |       | DATE RECEIVED (mo./day/yr.) | AMOUNT OF RECEIPT |  |
|--|--|-----------------|------|-------|--|----------------------------|-----|------------|----------|-------|-----------------------------|-------------------|--|
|  |  | Interest        | Loan | Other |  | Lending Institution        | PAC | Individual | Business | Other |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                             |                   |  |
| <b>TOTAL RECEIPTS THIS PAGE</b>          |  |                 |      |       |  |                            |     |            |          |       |                             | \$0.00            |  |

# FORM 5: EXPENDITURES

BY CANDIDATE OR ELECTED OFFICIAL - INCLUDING CONTRIBUTIONS TO OTHER CANDIDATES, POLITICAL PARTIES, AND POLITICAL COMMITTEES

NAME OF CANDIDATE / ELECTED OFFICIAL: Thomas Worthy

PAGE 1 OF 1

The FCPA requires that expenditures over \$100 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/<br>Polling | Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |                                   |                       |
|   |   |                                    |             |                         |              |      |             |                   |         |                |                                       |                                   |                       |
|   |   |                                    |             |                         |              |      |             |                   |         |                |                                       |                                   |                       |
|   |   |                                    |             |                         |              |      |             |                   |         |                |                                       |                                   |                       |
|   |   |                                    |             |                         |              |      |             |                   |         |                |                                       |                                   |                       |
|   |   |                                    |             |                         |              |      |             |                   |         |                |                                       |                                   |                       |
|   |   |                                    |             |                         |              |      |             |                   |         |                |                                       |                                   |                       |
|   |   |                                    |             |                         |              |      |             |                   |         |                |                                       |                                   |                       |
|   |   |                                    |             |                         |              |      |             |                   |         |                |                                       |                                   |                       |
|   |   |                                    |             |                         |              |      |             |                   |         |                |                                       |                                   |                       |
|   |   |                                    |             |                         |              |      |             |                   |         |                | <b>TOTAL EXPENDITURES THIS PAGE</b>   |                                   | \$0.00                |