



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

|   |       |                 |                  |
|---|-------|-----------------|------------------|
| Name of Principal Campaign Committee                              |       |                 |                  |
| Full Name of Candidate  |       | Political Party |                  |
| Office Sought (include district or circuit number, if applicable) |       |                 |                  |
| Address   |       |                 |                  |
| City  | State | ZIP Code        | Telephone Number |

Amended Major Contribution Report  
Date of this Report

| Summary of Major Contribution Activity |   |  |   |  |
|--|---|--|---|--|
| 1                                      | Beginning balance (ending balance from previous filing) |  | 1 |  |
| 2                                      | Total Cash Contributions (total from Form 2)            |  | 2 |  |
| 3                                      | Total In-Kind Contributions (total from Form 3)         |  | 3 |  |
| 4                                      | Total Receipts from Other Sources (total from Form 4)   |  | 4 |  |
| 5                                      | Ending balance (add lines 1, 2, 3 and 4)                |  | 5 |  |

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 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Candidate, Elected Official or Committee Member      Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Notary's Name

FORM REVISED 01.02.2018

### Where to file this form ...

► **State Candidates and Elected Officials:** File this report electronically with the Office of the Secretary of State:  
<http://fcpa.alabamavotes.gov>

Do you have questions or need assistance? Contact the Elections Division:

|  |                               |                                |
|--|-------------------------------|--------------------------------|
| Call us: 334-242-7210  | Visit our office:             | Write to us:                   |
| 800-274-8683   | Elections Division            | Elections Division             |
| Email us: <a href="mailto:alavoter@vote.alabama.gov">alavoter@vote.alabama.gov</a> | 600 Dexter Avenue, Room E-210 | P.O. Box 5616                  |
|  | Montgomery, Alabama 36130     | Montgomery, Alabama 36103-5616 |



# 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<br>(INCLUDE FULL NAME)        | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE<br>OF CONTRIBUTION<br>(CHECK ONE) |            |     |       |          |  | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|---|---|--|------------|-----|-------|----------|--|---|------------------------------|
|   |   | Business or<br>Corporation               | Individual | PAC | Other | Returned |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
|   |   |  |            |     |       |          |  |   |                              |
| <b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b> |   |  |            |     |       |          |  |   |                              |





# 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<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<br>(mo./day/yr.) | AMOUNT OF RECEIPT |
|--|--|-----------------|------|-------|--|----------------------------|-----|------------|----------|-------|--|--------------------------------|-------------------|
|  |  | Interest        | Loan | Other |  | Lending Institution        | PAC | Individual | Business | Other |  |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |
|  |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |
| <b>TOTAL RECEIPTS THIS PAGE</b>          |  |                 |      |       |  |                            |     |            |          |       |  |                                |                   |