



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

|   |       |                                    |                  |
|---|-------|------------------------------------|------------------|
| Name of Candidate or Elected Official                                     |       | Political Party/Ballot Affiliation |                  |
| Office Sought or Held (include district or circuit number, if applicable) |       |                                    |                  |
| Address <input type="checkbox"/> Check box if reporting new address       |       |                                    |                  |
| City  | State | ZIP Code                           | Telephone Number |

Type of Report (check one)

- Monthly       Amended Monthly  
 Weekly       Amended Weekly

**For Monthly Reports**

Month for which the report is filed.

**For Weekly Reports**

Date of Friday in the week for which the report is filed.

**Total Number of Pages in Report**

## Summary of activity since last filed report

|                                       |   |    |  |  |  |  |  |    |  |
|---------------------------------------|---|----|--|--|--|--|--|----|--|
| 1                                     | Beginning balance (ending balance from previous filing)       |    |  |  |  |  |  | 1  |  |
| <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 |  |
| <b>Expenditures on Line of Credit</b> |   |    |  |  |  |  |  |    |  |
| 6a                                    | Itemized expenditures (total from Form 6)                     | 6a |  |  |  |  |  |    |  |
| 6b                                    | Non-itemized expenditures                                     | 6b |  |  |  |  |  |    |  |
| 6c                                    | Total expenditures on credit (add lines 6a and 6b)            | 6c |  |  |  |  |  |    |  |
| 7                                     | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) |    |  |  |  |  |  | 7  |  |

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 \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_. My commission expires the \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_.

Signature of Notary Public

Print Notary's Name