Amended Monthly

Type of Report (check one)

Monthly

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Nar	me of Candidate or Elected Official Political	l Party/Ba	allot.	Affiliation	We	ekly	Amended Weekly
					For Monthly	•	
Offi	ce Sought or Held (include district or circuit number, if applicable)				Month for which report is filed.	cn the	
					For Weekly R		
Add	dress Check box if reporting new address				Date of Friday week for which		
City	State ZIP Code   Telepho	one Num	ber		report is filed.  Total Number	r of	
					Pages in Rep		
_							
	ummary of activity since last filed report	,					
1	Beginning balance (ending balance from previous filing	ng)				1	
	Cash Contributions		0-1				
2a	Itemized cash contributions (total from Form 2)		2a			_	
2b	Non-itemized cash contributions	- 2	2b				
2c	Total cash contributions (add lines 2a and 2b)					2c	
	In-Kind Contributions					_	
3a	Itemized in-kind contributions (total from Form 3)	3	3a				
3b	Non-itemized in-kind contributions	3	3b				
3с	Total in-kind contributions (add lines 3a and 3b)	(	3c				
	Receipts from Other Sources						
4a	Itemized Receipts from Other Sources (total from Form	m 4) 4	4a				
4b	Non-itemized Receipts from Other Sources	4	4b				
4c	Total receipts from other sources (add lines 4a and 4l	b)				4c	
	Expenditures						
5a	Itemized expenditures (total from Form 5)	į	5a				
5b	Non-itemized expenditures	į	5b				
5c	Total expenditures (add lines 5a and 5b)					5c	
	Expenditures on Line of Credit						
6a	Itemized expenditures (total from Form 6)	(	6a				
6b	Non-itemized expenditures	(	6b				
6с	Total expenditures on credit (add lines 6a and 6b)	(	6c				
7	Ending balance (add lines 1, 2c, & 4c, then subtract line	e 5c)				7	
	equired by the Alabama Fair Campaign Practices Act, I hereby ar or affirm to the best of my knowledge and belief that the	Sworr	n to	and subso	cribed before me	e this	day of
atta	ched report(s) and the information contained herein are			of th	ne year		My commission expires
	and correct and that this information is a full and complete ement of all contributions, expenditures, and other required	the		dav	of	of the	e year
	rmation during the applicable period of time.	_					-
	II I	Signat	 ture	of Notary Pu	blic		
Sigr	nature of Candidate or Elected Official Date			j . u	-		

Print Notary's Name

## ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

# 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	ADDRESS		SO	OUR	CE BUTI	AMOUNT		
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	
FORM REVISED 10.27.2011	TOTAL CASH CON	TRI	BU <sup>.</sup>	TIO	NS	ТН	IS PAGE	

## ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

## FORM 3: In-Kind 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** cash or loans on this form. Use Forms 2 and 4 for those listings.

		NATURE OF CONTRIBUTION (CHECK ONE)  SOURCE (CHECK ONE)													
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)  a structure of the state of the s	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
FORM REVISED 10.27.2011	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														

## ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFFICIAL

# 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.

			FORM		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	R	ECEII (CH	PT SO	OUR ONE)	CE	DATE	
SOURCE OF RECEIPT (INCLUDE FULL NAME)	EIPT ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)			Other	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
FORM REVISED 10.27.2011					TOTAL RECI	EIP	TS	ГНІ	S P	AG	E	

## ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

## FORM 5: Expenditures by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

					PU	JRPO	SE C						
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
FORM REVISED 10.27.2011	TOTAL EXPENDITURES THIS PAGE												

## ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

# FORM 6: Expenditures On Line of Credit by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

				PURPOSE OF EXPENDITURE (CHECK ONE)						RE			
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Lodging	Transportation	Interest	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
FORM REVISED 5.19.2017	TOTAL EXPENDITURES THIS PAGE												