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**Print Form** 

## Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in lnk or Type. Type of Report (check one) Name of Candidate or Elected Official Political Party/Ballot Affiliation **Amended Monthly** Monthly Amended Weekly **∜Veekly** Office Sought or Held (include district or circuit number, if applicable) For Monthly Reports LOUNCI Month in which the report is filed. P.O. Boy For Weekly Reports Date of Friday in the State ZIP Code Telephone Number week in which the Chelsen. 35043 report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) 41.50 **Cash Contributions** Itemized cash contributions (total from Form 2) Non-itemized cash contributions 2b Total cash contributions (add lines 2a and 2b) In-Kind Contributions Itemized in-kind contributions (total from Form 3) 3a 3b Non-itemized in-kind contributions SD Total in-kind contributions (add lines 3a and 3b) 3c Receipts from Other Sources Itemized Receipts from Other Sources (total from Form 4) |4a| Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) Expenditures Itemized expenditures (total from Form 5) 5a Non-itemized expenditures Total expenditures (add lines 5a and 5b) Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 41.50 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 Sworn to and subscribed before me this 292 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 MY COMMISSION EXPIRES: Apr 1, 2013 the statement of all contributions, experioritimes, aftiouser required information during the applicable period of time.

Signature of Notary Public

Print Notary's Name

FORM REVISED 10.27.2011

Signature of Candidate or Elected Official

PUBLIC