

**THIS AREA FOR OFFICIAL USE ONLY**



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

RECEIVED

SEP 20 2012

James W. Fuhrmeister  
Judge of Probate

**Please Print in Ink or Type.**

|                                                                           |       |                                    |                  |
|---------------------------------------------------------------------------|-------|------------------------------------|------------------|
| Name of Candidate or Elected Official                                     |       | Political Party/Ballot Affiliation |                  |
| Alison Moore Nichols                                                      |       |                                    |                  |
| Office Sought or Held (include district or circuit number, if applicable) |       |                                    |                  |
| City Council Place 4                                                      |       |                                    |                  |
| Address <input type="checkbox"/> Check box if reporting new address       |       |                                    |                  |
| 51 Bradley Drive                                                          |       |                                    |                  |
| City                                                                      | State | ZIP Code                           | Telephone Number |
| Chelsea Alabama                                                           | 35043 |                                    |                  |

**Type of Report (check one)**

☐ Monthly ☐ Amended Monthly  
☒ Weekly ☐ Amended Weekly

**For Monthly Reports**  
Month in which the  
report is filed.

**For Weekly Reports**  
Date of Friday in the  
week in 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      | \$0.00 |
| <b>Cash Contributions</b>          |                                                               |    |        |        |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | \$0.00 |        |
| 2b                                 | Non-itemized cash contributions                               | 2b |        |        |
| 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 |        |        |
| 3c                                 | Total in-kind contributions (add lines 3a and 3b)             | 3c | \$0.00 |        |
| <b>Receipts from Other Sources</b> |                                                               |    |        |        |
| 4a                                 | Itemized Receipts from Other Sources (total from Form 4)      | 4a | \$0.00 |        |
| 4b                                 | Non-itemized Receipts from Other Sources                      | 4b |        |        |
| 4c                                 | Total receipts from other sources (add lines 4a and 4b)       |    | 4c     | \$0.00 |
| <b>Expenditures</b>                |                                                               |    |        |        |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | \$0.00 |        |
| 5b                                 | Non-itemized expenditures                                     | 5b |        |        |
| 5c                                 | Total expenditures (add lines 5a and 5b)                      |    | 5c     | \$0.00 |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) |    | 6      | \$0.00 |

Candidates for County or Municipal Office = # of candidates who filed for office in 2019; 2020; 2021; 2022

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 20th day of Sept of the year 2012. My commission expires the 27th day of Oct of the year 2013.

Signature of Candidate or Elected Official

Date \_\_\_\_\_

Signature of Notary Public

**Print Notary's Name**



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



# FORM 2: Contributions received by candidate or elected official

**Alison Moore Nichols**

NAME OF CANDIDATE OR ELECTED OFFICIAL:

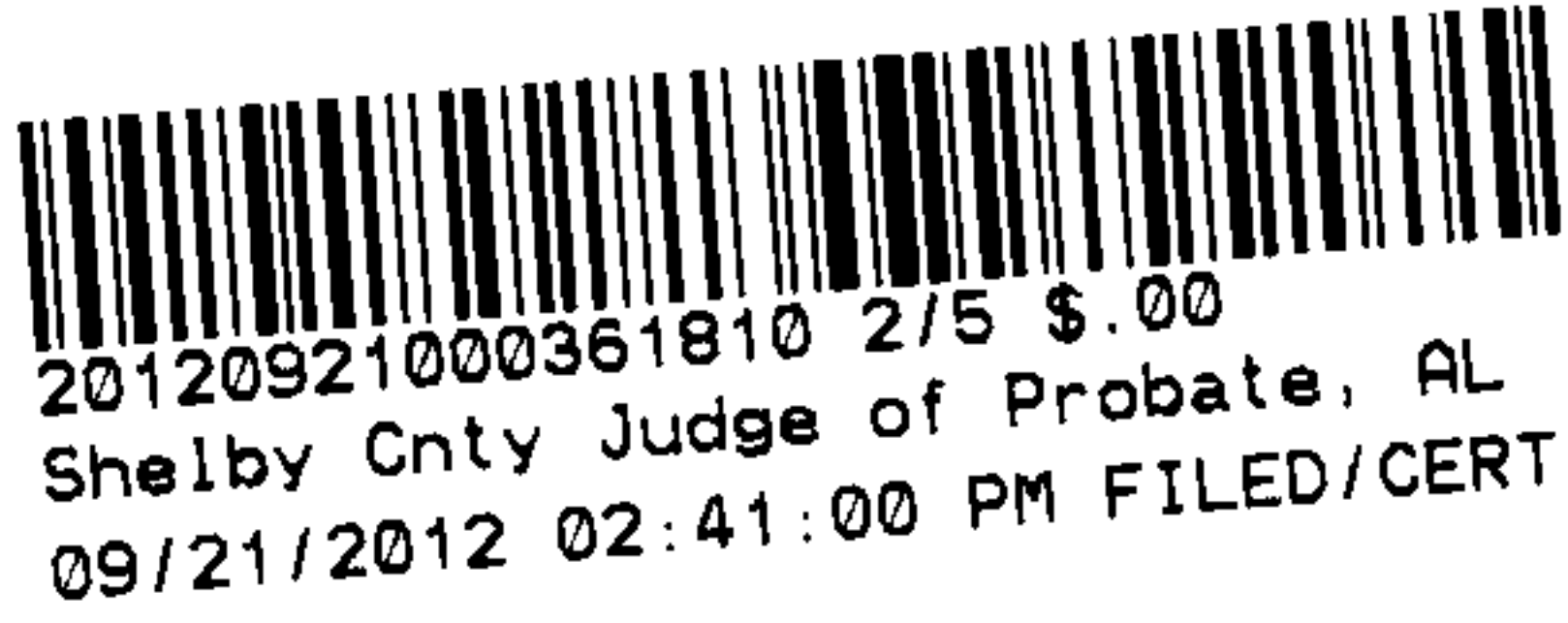
**When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.**

[illegible]

**FORM REVISED 10.27.2011**

**TOTAL CASH CONTRIBUTIONS THIS PAGE**

**\$0.00**





**NAME OF CANDIDATE OR ELECTED OFFICIAL:** Alison Moore Nichols

**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.**

| CONTRIBUTOR<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       | SOURCE<br>(CHECK ONE)    |            |     |       | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----|-------|---------------------------------------------------|------------------------------|
|                                    |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC | Other |                                                   |                              |
|                                    |                                                                                 |                                       |             |                         |           |      |      |                |       |                          |            |     |       |                                                   | \$0.00                       |
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## ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE &amp; ELECTED OFFICIAL



# FORM 5: Expenditures by candidate or elected official

**NAME OF CANDIDATE OR ELECTED OFFICIAL:** Alison Moore Nichols

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

| PERSON/GROUP/BUSINESS<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                   |         |                |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|---------|----------------|---------------------------------------|-----------------------------------------|-----------------------------|
|                                                                       |                                                                                 | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |                                         |                             |
|                                                                       |                                                                                 |                                       |             |                         |                            |      |             |                   |         |                |                                       |                                         | \$0.00                      |
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