



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

20130115000019660 1/5 \$.00
Shelby Cnty Judge of Probate, AL
01/15/2013 09:26:56 AM FILED/CERT

AREA FOR OFFICIAL USE ONLY

ENTERED AND FILED

JAN 11 2013

KIMBERLY MELTON CHIEF CLERK
PROBATE COURT
SHELBY COUNTY ALABAMA

ANNUAL

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1A

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Alison Moore Nichols</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>City Council, Chelsea, AL</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>51 Bradley Drive</i>			
City <i>Chelsea</i>	State <i>AL</i>	ZIP Code <i>35043</i>	Telephone Number <i>678-8486</i>

Calendar Year covered by this report.

- ☐ Amended Annual Report
☐ Termination Report

Total Pages in Report Include this page in your count.

SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	<i>0</i>
Cash Contributions				
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		
In-Kind Contributions				
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		
Receipts from Other Sources				
4a	Total itemized receipts from other sources (total from Form 4)	4a		
4b	Total non-itemized receipts from other sources	4b		
4c	Total itemized receipts from other sources (add lines 4a and 4b)	4c		
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	<i>1,600.00</i>	
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)	5c	<i>1,600.00</i>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)	7	
8	Total cash contributions for year	8	
9	Total in-kind contributions for year	9	
10	Total receipts from other sources for year	10	
11	Total expenditures for year	11	
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)	12	
13	Total campaign debt (total debt owed as of December 31)	13	

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 11th day of January of the year 2013. My commission expires the 6th day of March of the year 2013.

Alison Moore Nichols
Signature of Candidate or Elected Official
Date 1/11/13

Cindy Glass
Signature of Notary Public
Cindy Glass
Print Notary's Name

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.

[illegible]

FORM REVISED 9.2.2011

TOTAL CASH CONTRIBUTIONS THIS PAGE

FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

utions received by candidate or elected official
~~USD 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.

[illegible]

FORM REVISED 9.2.2011

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE



SOURCE OF RECEIPT
(INCLUDE FULL NAME)

ADDRESS
(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX,
CITY, STATE, AND ZIP)

**FORM
OF RECEIPT**

Interest
Loan
Other

**COMPLETE THIS BLOCK IF RECEIPT
IS A LOAN**

GUARANTORS

[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]

RECEIPT SOURCE
(CHECK ONE)

Lending Institution
PAC
Individual
Business
Other

DATE
RECEIVED
(mo./day/yr.)

AMOUNT
OF
RECEIPT

[illegible]

FORM REVISED 9.2.2011

TOTAL RECEIPTS THIS PAGE



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

[illegible]