

MONTHLY & WEEKLY


**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1


 20160606000193050 1/4 \$.00
 Shelby Cnty Judge of Probate, AL
 06/06/2016 09:29:54 AM FILED/CERT

 RECEIVED
 JUN 8 2016
 Shelby County Judge of Probate

Please Print in Ink or Type.

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

Type of Report (check one)

- ☒ Monthly
☐ Amended Monthly
☐ Weekly
☐ Amended Weekly

 For Monthly Reports
 Month in which the report is filed.

MAY

 For Weekly Reports
 Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

4

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<i>1,130.00</i>
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a	<i>400.00</i>
2b	Non-itemized cash contributions	2b	<i>200.00</i>
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>400.00</i>
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a	
3b	Non-itemized in-kind contributions	3b	<i>200.00</i>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>200.00</i>
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>1,000.00</i>
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<i>1,000.00</i>
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a	<i>789.88</i>
5b	Non-itemized expenditures	5b	<i>250.00</i>
5c	Total expenditures (add lines 5a and 5b)	5c	<i>1,039.88</i>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>1,490.12</i>

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 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

6-1-16

 Sworn to and subscribed before me this 1st day of June of the year 2016. My commission expires the 6th day of March of the year 2017.

Cindy Glass

Signature of Notary Public

Cindy Glass

Print Notary's Name

NAME OF CANDIDATE OR ELECTED OFFICIAL:

Alison Moore Nichols



**PERSON/GROUP/BUSINESS
RECEIVING EXPENDITURE
(INCLUDE FULL NAME)**

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

**PURPOSE OF EXPENDITURE
(CHECK ONE)**

**DATE OF
EXPENDITURE**
(mo./day/yr.)

**AMOUNT
OF
EXPENDITURE**

Administrative
Advertising
Consultants/ Polling
Charitable Contribution
Food
Fundraising
Loan Repayment
Lodging
Transportation

OTHER
GIVE
BRIEF
EXPLANATION

A.G.E. Copies	678 Collins Rd. Little Hocking, OH. 45743								Magnets	5/19/16	#175-00
Home depot	Inverness, Fl 35094								Weather signs	5/6/14	29486
Home depot	Inverness, Fl								Weather signs	5/13/14	320.02

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FORM REVISED 10.27.2011

TOTAL EXPENDITURES THIS PAGE

788.88
789.88



NAME OF CANDIDATE OR ELECTED OFFICIAL:

Aison Moore Nicholas

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.

[illegible]

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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]

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