Print Form

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

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MAY 02 2016

20160613000203930 1/3 $.00
Shelby Cnty Judge of Probate, AL
06/13/2016 03:16:08 PM FILED/CERT

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)	
Mayor of Chelsea, AL.	
Address ☐ Check box if reporting new address	
51 Bradley DR	
City / **State** / **ZIP Code**	**Telephone Number**
Chelsea, AL 35043	205-296-5205

Type of Report (check one)

- ☑ Monthly
- ☐ Amended Monthly
- ☐ Weekly
- ☐ Amended Weekly

For Monthly Reports Month in which the report is filed: April

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

Total Number of Pages in Report: 3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)			1	0
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a			
2b	Non-itemized cash contributions	2b	600.00		
2c	Total cash contributions (add lines 2a and 2b)			2c	600.00
	In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a			
3b	Non-itemized in-kind contributions	3b	800.00		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	800.00		
	Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	1,200.00		
4b	Non-itemized Receipts from Other Sources	4b			
4c	Total receipts from other sources (add lines 4a and 4b)			4c	1200
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	1420.00		
5b	Non-itemized expenditures	5b	50.00		
5c	Total expenditures (add lines 5a and 5b)			5c	1470.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	1,130.00

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.

Alison Moore Nichols — 5/2/16
Signature of Candidate or Elected Official — Date

Sworn to and subscribed before me this 2nd day of May of the year 2016. My commission expires the 6th day of March of the year 2019.

Cindy Glass
Signature of Notary Public

Cindy Glass
Print Notary's Name

FORM REVISED 10.27.2011

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: 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 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 Graphics	678 Collins Rd Little Hocking OH 45743		✓								Signs	4/5/16	930.00
A.G.E Graphics	678 Collins Rd Little Hocking, OH. 45743		✓								Signs	4/6/16	490.00
	TOTAL EXPENDITURES THIS PAGE												1,420.00

FORM REVISED 10.27.2011

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: 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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other		
Alison Moore Nichols	51 Bradley Dr. Chelsea, AL 35043		✓		Alison Moore Nichols 51 Bradley Dr Chelsea, AL 35043			✓			4/1/16	1,200.00
	TOTAL RECEIPTS THIS PAGE											$1,200.00

FORM REVISED 10.27.2011

20160613000203930 3/3 $.00
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