

MONTHLY &amp; WEEKLY


**FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA**

# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Alison Moore Nichols</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>MAYOR OF Chelsea, AL.</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>51 Bradley Dr.</b>			
City <b>Chelsea,</b>	State <b>AL</b>	ZIP Code <b>35043</b>	Telephone Number <b>205-296-5205</b>

## 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	<b>0</b>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b	<b>600.00</b>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>600.00</b>	
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b	<b>800.00</b>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>800.00</b>	
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>1,200.00</b>	
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>1,200</b>	
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<b>1,420.00</b>	
5b	Non-itemized expenditures	5b	<b>50.00</b>	
5c	Total expenditures (add lines 5a and 5b)	5c	<b>1,470.00</b>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>1,130.00</b>	

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

 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 **2017**.

Signature of Notary Public

Print Notary's Name



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**

A.G.E Graphics

678 Collins Rd  
Little Hockings OH 45743

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

**OTHER**  
**GIVE**  
**BRIEF**  
**EXPLANATION**

## Signs

4/5/14

930.00

A.G.E Graphics

678 Collins Rd  
Little Hocking, OH 45748

7

Signs

4/6/14

490.8

**FORM REVISED 10.27.2011**

TOTAL EXPENDITURES THIS PAGE

1420.



20160613000203930 2/3 \$.00  
Shelby Cnty Judge of Probate, AL  
06/13/2016 03:16:08 PM FILED/CERT



NAME OF CANDIDATE OR ELECTED OFFICIAL:

A/isa N/ore N/ichols

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]

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