

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report **SUMMARY FORM 1**



			07/08/2016 09:35:02 AM	FILE	D/CERT
Please Print in Ink or Type.					
Name of Candidate or Elected Official Scott Very Cond Office Sought or Held (include district or strout number, if applicable)	Political Party/I	Ballot	Type of Report Mon Wee For Monthly R	hly kly	Amended Monthly Amended Weekly
Address Check box if reporting new address 398 Clessor Dr Ste 1			Month in which report is filed.	the	June 2016
City State ZIP Code Telephone Num A 35043			Date of Friday week in which t report is filed.	n the he	
			Total Number Pages in Repo		
Summary of activity since last filed report					
1 Beginning balance (ending balance from pre-				1	100.00
Cash Contributions					
2a Itemized cash contributions (total from Form 2)		2a	6		
2b Non-itemized cash contributions		2b	\mathcal{D}		
2c Total cash contributions (add lines 2a and 2b)				2c	0
In-Kind Contributions					
3a Itemized in-kind contributions (total from Form 3)		За	0		
3b Non-itemized in-kind contributions		3b	0		
3c Total in-kind contributions (add lines 3a and 3b)		3c	0		
Receipts from Other Sources					
4a Itemized Receipts from Other Sources (total from Form 4)		4a	0		
4b Non-itemized Receipts from Other Sources		4b	0		
4c Total receipts from other sources (add lines 4a and 4b)		135-3		4c	<u>ک</u>
Expenditures					
5a Itemized expenditures (total from Form 5)		5a	0		
· · · · · · · · · · · · · · · · · · ·		5b	O	: : : :*	
5c Total expenditures (add lines 5a and 5b)				5c	0
6 Ending balance (add lines 1, 2c, & 4c, then sub	otract line 5c)	y au z		6	100.00
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, It swear or affirm to the best of my knowledge and belief the attached report(s) and the information contained here true and correct and that this information is a full and constatement of all contributions, expenditures, and other reinformation during the applicable period of time.	nat the in are mplete the	rn to	and subscribed before me ON CHARMAN BUILDSTAILE MY COMMISSION EX COMMISSION EX	GP ALA	BMMAOtirhAfiSSion expires

Signature of Notar Public

Print Notary's Name

Date

Candidate or Elected Official