MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Candidate & Elected Official Campaign Finance Report
SUMMARY FORM 1

Please Print in Ink or Type.

Name of Candidate or Elected Official			Political Party/Ballot Affiliation
Office Sought or Held (include district or circuit number, if applicable)			
Address ☐ Check box if reporting new address			
City	State	ZIP Code	Telephone Number

Type of Report (check one)

☐ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports Month in which the report is filed.

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

Total Number of Pages in Report

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)			1	
	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	Itemized Receipts from Other Sources (total from Form 4)	4a			
4b	Non-itemized Receipts from Other Sources	4b			
4c	Total receipts from other sources (add lines 4a and 4b)			4c	
	Expenditures				
5a	Itemized expenditures (total from Form 5)	5a			
5b	Non-itemized expenditures	5b			
5c	Total expenditures (add lines 5a and 5b)			5c	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	

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 _____ day of _____ of the year _____. My commission expires the _____ day of _____ of the year _____.

Signature of Notary Public _____

Print Notary's Name _____