

FILED

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FILED IN OFFICE

OCT 21 2016

TIM MITCHELL
JUDGE OF PROBATE

BY: _____

MONTHLY & 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 Jeffery Davis		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) Boaz City Council Place 2			
Address <input type="checkbox"/> Check box if reporting new address 89 Kilpatrick Dr			
City Boaz	State AL	ZIP Code 35957	Telephone Number 256-572-0077

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.

10-21-16

Total Number of Pages in Report

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 30.84
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	30.84

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.

_____ **10-21-16**
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me _____ day of
Oct of the year **2016**. My commission expires
 the **20** day of **March** of the year **2019**.

 Signature of Notary Public
Lea Ann Graves
 Print Notary's Name

