



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**FILED**  
APR 03 2014  
BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Scarlett Rains Farley</i>		Political Party/Ballot Affiliation <i>Rep.</i>	
Office Sought or Held (include district or circuit number, if applicable) <i>Board of Education</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>408 Rains Ave</i>			
City <i>Clencoe, al</i>	State <i>al</i>	ZIP Code <i>35905</i>	Telephone Number <i>256 492 1832</i>

Type of Report (check one)

- Monthly  Amended Monthly  
 Weekly  Amended Weekly

For Monthly Reports  
Month in which the report is filed.

*April 2014*

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	<i>938.<sup>00</sup></i>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<i>-</i>	
2b	Non-itemized cash contributions	2b	<i>-</i>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<i>-</i>	
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<i>-</i>	
3b	Non-itemized in-kind contributions	3b	<i>-</i>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<i>-</i>	
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<i>-</i>	
4b	Non-itemized Receipts from Other Sources	4b	<i>-</i>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<i>-</i>	
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<i>-</i>	
5b	Non-itemized expenditures	5b	<i>-</i>	
5c	Total expenditures (add lines 5a and 5b)	5c	<i>-</i>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<i>938.<sup>00</sup></i>	

**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.

*Scarlett Farley*  
Signature of Candidate or Elected Official  
*4/3/14*  
Date

Sworn to and subscribed before me this *3rd* day of *April* of the year *2014*. My commission expires the *6th* day of *Jan.* of the year *2018*.

*Teresa W Jones*  
Signature of Notary Public

*Teresa W Jones*  
Print Notary's Name

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL



**FORM 2: Contributions received by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.  
**DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
	- None This Report -							
							<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>	- 0 -

**FORM 3: In-Kind Contributions received by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_



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 loans on this form. Use Forms 2 and 4 for those listings.**

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)				DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION	
		Administrative	Advertising	Consultants/	Polling	Equipment	Food	Rent	Transportation	Other	Business/	Corporation	Individual	PAC	Other			
	- NONE -																	
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																		



# FORM 4: Receipts from Other Sources loans, interest, and other sources of income

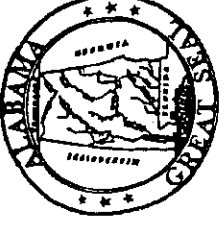
NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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  [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)					DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT	
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
	-None-												
<b>TOTAL RECEIPTS THIS PAGE</b>													-0-

# FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



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	Contribution	Food	Fundraising	Loan	Repayment	Lodging			Transportation	OTHER GIVE BRIEF EXPLANATION	
	- NONE -															
												TOTAL EXPENDITURES THIS PAGE		0.		