

1476

THIS AREA FOR OFFICIAL USE ONLY

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED
OCT 14 2014
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Scarlett Rains Farley		Political Party/Ballot Affiliation Rep	
Office Sought or Held (include district or circuit number, if applicable) BOARD OF Education			
Address <input type="checkbox"/> Check box if reporting new address 408 RAINS Ave			
City Glencoe	State AL	ZIP Code 35903	Telephone Number 2584 92 1832

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

Oct 17, 2014
5

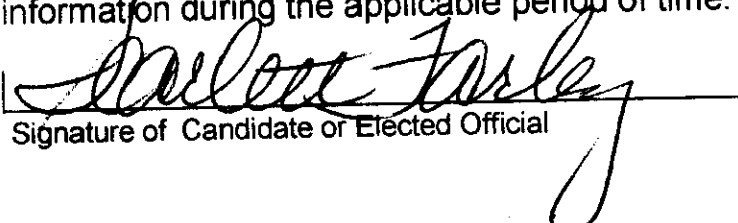
Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	938.⁰⁰
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	938.⁰⁰

Candidates for State Office: File this report with the Office of the Secretary of State.

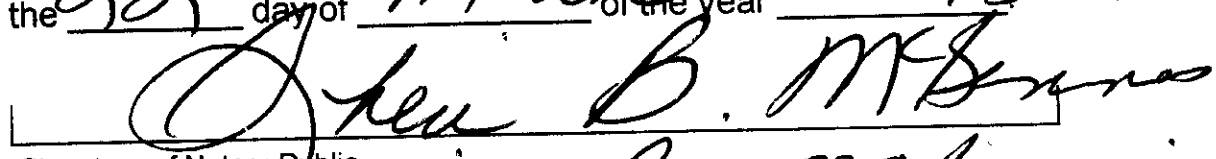
Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

As required by the Alabama Fair Campaign Practices Act, 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

10-14-14
 Date

Sworn to and subscribed before me this 14 day of Oct of the year 2014. My commission expires the 30 day of March of the year 2018.


 Signature of Notary Public

SHERI B. McBurnie
 Print Notary's Name

