

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

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

FILED
JUN 29 2016
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official SCOTT REEVES		Political Party/Ballot Affiliation NA - MUNICIPAL	
Office Sought or Held (include district or circuit number, if applicable) MAYOR			
Address <input type="checkbox"/> Check box if reporting new address 7271 Beard Rd.			
City HOKES BLUFF,	State AL.	ZIP Code 35903	Telephone Number 256 312 2515

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	-0-
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	-0-	
2b	Non-itemized cash contributions	2b	250.00	
2c	Total cash contributions (add lines 2a and 2b)	2c	250.00	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	200.00	
3b	Non-itemized in-kind contributions	3b	57.32	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	257.32	
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)	4c	-0-	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	1310.32	
5b	Non-itemized expenditures	5b	-0-	
5c	Total expenditures (add lines 5a and 5b)	5c	1310.32	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	-1060.32	

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.

Scott Reeves 6-29-16
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 29th day of June of the year 2016. My commission expires the 3rd day of December of the year 2019.

Rebecca J Sherrell
Signature of Notary Public

Rebecca J Sherrell
Print Notary's Name



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: SCOTT REEVES

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION		
TRIM-IT-UP	111 BROAD ST. GADSDEN, AL. 35901		✓									3-9-16	500. ⁰⁰
TRIM-IT-UP	111 BROAD ST. GADSDEN, AL. 35901		✓									6-6-16	600. ⁰⁰
VISTA PRINT	P.O. BOX 842882 BOSTON, MA. 02284		✓									3-27-16	210. ³⁸
TOTAL EXPENDITURES THIS PAGE													1310. ³⁸