

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

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

**FILED**

NOV 30 2015

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

|   |                     |   |   |
|---|---------------------|---|---|
| Name of Candidate or Elected Official<br><b>Terry D. McClaw</b>   |                     | Political Party/Ballot Affiliation<br><b>Republican</b> |   |
| Office Sought or Held (include district or circuit number, if applicable)<br><b>E Townsh County Commissioner Dist 3</b> |                     |   |   |
| Address <input type="checkbox"/> Check box if reporting new address<br><b>1105 5<sup>th</sup> Street S.W.</b>           |                     |   |   |
| City<br><b>ATLANTA</b>  | State<br><b>Ala</b> | ZIP Code<br><b>35554</b>                                | Telephone Number<br><b>(256) 613-5157</b> |

Type of Report (check one)

- Monthly  Amended Monthly  
 Weekly  Amended Weekly

For Monthly Reports  
Month in which the report is filed.

**December**

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  | <b>507<sup>00</sup></b> |
| <b>Cash Contributions</b>          |   |    |    |                         |
| 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 |                         |
| <b>In-Kind Contributions</b>       |   |    |    |                         |
| 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 |    |                         |
| <b>Receipts from Other Sources</b> |   |    |    |                         |
| 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 |                         |
| <b>Expenditures</b>                |   |    |    |                         |
| 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  | <b>507<sup>00</sup></b> |

**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.

Sworn to and subscribed before me this 30<sup>th</sup> day of Nov of the year 2015. My commission expires the 6<sup>th</sup> day of Jan of the year 2018.

Signature of Candidate or Elected Official      Date 12/1/15

Signature of Notary Public  
**Teresa W. Jones**  
Print Notary's Name





# 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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE)        |             |                         |           |      |      |                |       | SOURCE<br>(CHECK ONE)    |            |     |       |  | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|------------------------------------|---|--|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----|-------|--|---|------------------------------|
|                                    |   | Administrative                               | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC | Other |  |   |                              |
|                                    | NA  |  |             |                         |           |      |      |                |       |                          |            |     |       |  |   |                              |
|                                    |   |  |             |                         |           |      |      |                |       |                          |            |     |       |  |   |                              |
|                                    |   |  |             |                         |           |      |      |                |       |                          |            |     |       |  |   |                              |
|                                    |   |  |             |                         |           |      |      |                |       |                          |            |     |       |  |   |                              |
|                                    |   |  |             |                         |           |      |      |                |       |                          |            |     |       |  |   |                              |
|                                    |   |  |             |                         |           |      |      |                |       |                          |            |     |       |  |   |                              |
|                                    |   |  |             |                         |           |      |      |                |       |                          |            |     |       |  |   |                              |
|                                    |   |  |             |                         |           |      |      |                |       |                          |            |     |       |  |   |                              |
|                                    |   |  |             |                         |           |      |      |                |       |                          |            |     |       |  |   |                              |
|                                    |   |  |             |                         |           |      |      |                |       |                          |            |     |       |  |   |                              |
|                                    |   | <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<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN<br><br>GUARANTORS<br><br>[FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | RECEIPT SOURCE (CHECK ONE) |     |            |          |       | DATE RECEIVED<br>(mo./day/yr.) | AMOUNT OF RECEIPT |  |
|--|--|-----------------|------|-------|--|----------------------------|-----|------------|----------|-------|--------------------------------|-------------------|--|
|  |  | Interest        | Loan | Other |  | Lending Institution        | PAC | Individual | Business | Other |                                |                   |  |
|  | NA   |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
|  |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |
| <b>TOTAL RECEIPTS THIS PAGE</b>          |  |                 |      |       |  |                            |     |            |          |       |                                |                   |  |



# 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<br>RECEIVING EXPENDITURE<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | PURPOSE OF EXPENDITURE<br>(CHECK ONE) |             |                         |                            |      |             |                   |         |                |                                       | DATE OF<br>EXPENDITURE<br>(mo./day/yr.) | AMOUNT<br>OF<br>EXPENDITURE |  |
|---|---|---------------------------------------|-------------|-------------------------|----------------------------|------|-------------|-------------------|---------|----------------|---------------------------------------|---|-----------------------------|--|
|   |   | Administrative                        | Advertising | Consultants/<br>Polling | Charitable<br>Contribution | Food | Fundraising | Loan<br>Repayment | Lodging | Transportation | OTHER<br>GIVE<br>BRIEF<br>EXPLANATION |   |                             |  |
|   | NA  |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |  |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |  |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |  |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |  |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |  |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |  |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |  |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |  |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |  |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       |   |                             |  |
|   |   |                                       |             |                         |                            |      |             |                   |         |                |                                       | <b>TOTAL EXPENDITURES THIS PAGE</b>     |                             |  |