

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

NOV 03 2015

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official TERRY D. McCLAIN		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) ETOWAH COUNTY COMMISSION DIST 3			
Address <input type="checkbox"/> Check box if reporting new address 1105 5th Street S.W.			
City ATLANTA	State AL.	ZIP Code 35951	Telephone Number 256-613-5157

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month in which the report is filed.

November

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	1000⁰⁰
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	493⁰⁰
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	507⁰⁰


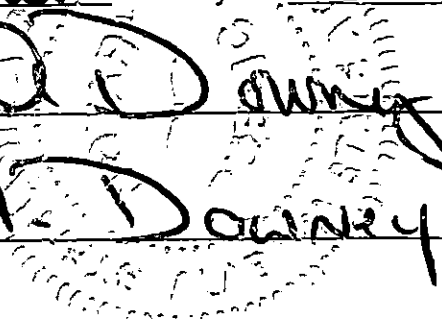
Candidates for State Office: File this report with the Office of the Secretary of State.

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 Date **11-3-15**

Sworn to and subscribed before me this 3 day of Nov of the year 2015. My commission expires the 29 day of April of the year 2017.


 Signature of Notary Public

 Stephanie A. Downey
 Print Notary's Name



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		
NA							0	
TOTAL CASH CONTRIBUTIONS THIS PAGE							0	

