Print Form

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report
SUMMARY FORM 1

FILED JUL 07 2016
BOBBY M. JUNKINS
JUDGE OF PROBATE

THIS AREA FOR OFFICIAL USE ONLY

FILED IN OFFICE

JUL 05 2016

TIM MITCHELL
JUDGE OF PROBATE

BY: _____

Please Print in Ink or Type.

Name of Candidate or Elected Official	Political Party/Ballot Affiliation
John Thomas Underwood	Republican

Office Sought or Held (include district or circuit number, if applicable)
Boaz City Council Place 4

Address ☐ Check box if reporting new address
2696 Bethsaida Rd

City	State	ZIP Code	Telephone Number
Boaz	AL	35957	256-302-6865

Type of Report (check one)

☑ Monthly ☐ Amended Monthly
☐ Weekly ☐ Amended Weekly

For Monthly Reports
Month in which the report is filed. — July 2016

For Weekly Reports
Date of Friday in the week in which the report is filed.

Total Number of Pages in Report — 3

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	$36.00
	Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b $35.00		
2c	Total cash contributions (add lines 2a and 2b)		2c	$35.00
	In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b $154.00		
3c	Total in-kind contributions (add lines 3a and 3b)	3c $154.00		
	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	$71.00

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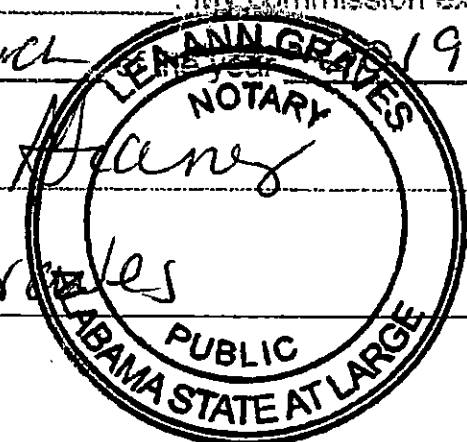**Candidates for County or Municipal Office:** File this report with the Judge of Probate of the county in which the office is sought.

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.

John Thomas Underwood 6/5/2016
Signature of Candidate or Elected Official   Date

Sworn to and subscribed before me this ___5___ day of
July of the year 2016. My commission expires the 20 day of March 19.

Signature of Notary Public

Lea Ann Graves
Print Notary's Name

NOTARY
PUBLIC
ALABAMA STATE AT LARGE

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

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Thomas Underwood

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		
Chuck Ellis	308 Columbus St, Albertville, AL 35950												X	6/29/2016	$54.00
Steve Childers	11201 US431, Guntersville, AL 35976												X	6/15/2016	$100.00

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE | $154.00

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

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: John Thomas Underwood

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 — GUARANTORS [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		
Other Sources	N/A									X	6/9/2016	$35.00
											TOTAL RECEIPTS THIS PAGE	$35.00

FORM REVISED 10.27.2011