



FORM REVISED 10.27.2011

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED !

FEB 2 2 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.					one) Amended Monthly
Name of Candidate or Elected Official Political Party/Ballot Affiliation		Affiliation	Type of Report	t (check	one) Amended Monthly
LARRY PANNE	RRP				· 🗀 🤙
Office Sought or Held (include district or circuit number, if applicable)	۸.		Wee	•	Amended Weekly
ETOWAN COUNTY COMMISSION	ver U	573	For Monthly R Month in which		
Address Check box if reporting new address	^		report is filed.		
7100 DUCK SPRINGS RI			For Weekly Re Date of Friday i	•	
	Telephone Number	0.750	week in which to report is filed.	he	19. EEB
	·	·	Total Number Pages in Repo		5
Summary of activity since last filed report					
1 Beginning balance (ending balance from previous	ıs filing)	•		1	2772.85
Cash Contributions		~10	•	•	
2a Itemized cash contributions (total from Form 2)	2a	100.)]	
2b Non-itemized cash contributions	2b	*100	rÔ0		
2c Total cash contributions (add lines 2a and 2b)		Es :		2c	400.00
In-Kind Contributions	· · · · · · · · · · · · · · · · · · ·				
3a Itemized in-kind contributions (total from Form 3) 3a	0	,		
3b Non-itemized in-kind contributions	3b	0] · .	
3c Total in-kind contributions (add lines 3a and 3b)	3c	C)		
Receipts from Other Sources		-	•	•	
4a Itemized Receipts from Other Sources (total from	n Form 4) 4a	150	0		
4b Non-itemized Receipts from Other Sources	4b	0	<u>.</u>		
4c Total receipts from other sources (add lines 4a	and 4b)	:		4c	1500,80
Expenditures	<u></u>	! !	•	L	
5a Itemized expenditures (total from Form 5)	5à	3-53	6.91]	
5b Non-itemized expenditures	5b	- 	<i>Λ</i> –	1 .	
5c Total expenditures (add lines 5a and 5b)	0.5			5c	2 536 91
6 Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)			6	2/35.94
Candidates for State Office: File this report with the Offi		tary of Stat	e		
Candidates for State Office: File this report with the Office Candidates for County or Municipal Office: File this re	port with the Ju	dge of Prot	oate of the coun	ty in w	hich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I here					221d day of
swear or affirm to the best of my knowledge and belief that	the Faha	· ·	÷		. My commission expires
attached report(s) and the information contained herein true and correct and that this information is a full and complete.			of Aure		
statement of all contributions, expenditures, and other requi	red the	Mday	or there	01_11	ie year <u>AO17</u>
information during the applicable period of time.	, , , , , , , , , , , , , , , , , , ,	Alli	n & 1111	lm	nan
1 / Jugare 2/19/	Signatur	of Notary Pu			
Signature of Candidate or Elected Official Date	. 1 .	Doho	0 / 10	lo n	nan
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

FORM 2: Contributions received by candidate or elected official

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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. SOURCE **OF CONTRIBUTION** (CHECK ONE) CONTRIBUTOR **ADDRESS** DATE **AMOUNT** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF Business or Corporation Individual STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION (mo./day/yr.) PAC ABN-ITOMIZOD NON BREMIZER 2/16/16 COMPRIA UTIONS TOTAL CASH CONTRIBUTIONS THIS PAGE **FORM REVISED 10.27.2011**

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

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

FORM REVISED 10.27,2011



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. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) CONTRIBUTOR **AMOUNT ADDRESS** DATE Transportation Administrative (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION **OF** Advertising Èquipment STREET OR P.O. BOX, CITY, STATE, AND ZIP) CONTRIBUTION RECEIVED (mo./day/yr.) TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

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

FORM REVISED 10.27.2011

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: _____LARRY PAYNT 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. COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) SOURCE OF RECEIPT **ADDRESS** DATE **AMOUNT** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE **GUARANTORS RECEIVED** OF STREET OR P.O. BOX, Business Other (mo./day/yr.) RECEIPT CITY, STATE, AND ZIP) [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN LARRY V. PAVNE 7100 OVERSPOS BD ATTALLA, TOTAL RECEIPTS THIS PAGE

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

FORM 5: Expenditures by candidate or elected official



FORM REVISED 10.27,2011



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. **PURPOSE OF EXPENDITURE** (CHECK ONE) **AMOUNT** PERSON/GROUP/BUSINESS **ADDRESS** DATE OF Administrative **OTHER** Consultants/ Polling OF (ADDRESS SHOULD INCLUDE EXPENDITURE Fundraising Advertising RECEIVING EXPENDITURE Charitable Contribution Food STREET OR P.O. BOX, CITY, STATE, AND ZIP) GIVE (mo./day/yr.) **EXPENDITURE** (INCLUDE FULL NAME) **BRIEF EXPLANATION** 116BRUANST 681.25 8715/16 GEDSHOW PRINTING 6 ADSDOM AL 35907 700 CHUSMUDST U.S. PUST MASTOY 6 ADSDM AL 35902

TOTAL EXPENDITURES THIS PAGE