



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

AUG 1 1 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.		Town of Donout /obook	\
Name of Candidate or Elected Official Political F	Party/Ballot Affiliation	Type of Report (check	Amended Monthly
BILL C. STEWART		✓ Weekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	-T	For Monthly Reports	
Address Check box if reporting new address	STAICT 5	Month in which the report is filed.	
2-1 MALWITCT		For Weekly Reports	
State ZIP Code Telephon	ne Number	Date of Friday in the week in which the	2 11 14
GADSDEN AL 35901 256.	547-0241	report is filed.	8-15-14
(0// J/3 1/ F/1 / 1/4		Total Number of Pages in Report	1K
		rages iii Nepoit	
Summary of activity since last filed report		4	27416
1 Beginning balance (ending balance from previous filing	19)	[]	3246.19
Cash Contributions	0.1	20	
2a Itemized cash contributions (total from Form 2)	2a /00.		
2b Non-itemized cash contributions	2b <i>99.</i>	, 00	100.00
2c Total cash contributions (add lines 2a and 2b)		2c	199.00
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a	<u> </u>	
3b Non-itemized in-kind contributions	3b		
3c Total in-kind contributions (add lines 3a and 3b)	3c	0	
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from For			
4b Non-itemized Receipts from Other Sources	4b		
4c Total receipts from other sources (add lines 4a and 4	b)	4c	0
Expenditures			
5a Itemized expenditures (total from Form 5)	5a 26 4	199	
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)		5c	265.49
6 Ending balance (add lines 1, 2c, & 4c, then subtract lin	e 5c)	6	3179.20
Candidates for State Office: File this report with the Office of	the Secretary of Sta	te.	
Candidates for County or Municipal Office: File this report v	vith the Judge of Pro	bate of the county in	which the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby	Sworn to and subs	cribed before me this	11 day of
swear or affirm to the best of my knowledge and belief that the	August of		My commission expires
attached report(s) and the information contained herein are true and correct and that this information is a full and complete	¹∧/		the year 2019.
statement of all contributions, expenditures, and other required	1/22	, , , , , , , , , , , , , , , , , , , ,	20
information during the applicable period of time.	Leve	vak	chaver
Bill C. Slewar 8-11-14	Signature of Notary F	Public R 8h	
Signature of Candidate or Elected Official Date	1 Deno	wa K 8h	aver

Print Notary's Name

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

FORM 2: Contributions received by candidate or elected official

199,0	THIS PAGE	SNC	XII	ZIB!	AT.	TOTAL CASH CONTRIBUTIONS THIS PAGE	
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							NON-ITEMIZED
		_		7			
99,00			<u>, </u>			RAINEON CITY PL. 35906	TOM MENSIE
100,00	41-828					SIO EAST BRAND AVE.	
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	PAC Other	Individual	Corporation	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) sine	CONTRIBUTOR (INCLUDE FULL NAME)
AMOUNT	DATE	TION	4 for those ilsurigs: SOURCE OF CONTRIBUTION (CHECK ONE)	SOL CONI (CHEC	우 ⁴ 한	When total contributions from a single source contributions or loans on this form. Use Forms 3 and 4 for those ilsurigation po NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those ilsurigation. SOURCE OF CONTRIBUTION (CHECK ONE)	When total contributions DO N
	to be itemized.	source	that	from	Suoi	to source exceed \$:	NAME OF CANDIDATE OR ELECTED OFFICIAL:

FORM REVISED 10.27.2011

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

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: _ ntributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. STEW BRI

DBM BEVISED 10 27 2011							CONTRIBUTOR (INCLUDE FULL NAME)		
							ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.
=							Administrative		form
710							Advertising	ATL	آ غ
AL I							Consultants/ Polling	NATURE OF CONTRIBUTION (CHECK ONE)	se Fo
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B			 				Business/ Corporation		Të 등
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TOTAL IN-KIND CONTRIBUTIONS THIS PAGE							CONTRIBUTION RECEIVED (mo./day/yr.)	DATE	
0							OF CONTRIBUTION	AMOUNT	

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: 13/11 C. STEW BRT

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RECEIVED (mo./day/yr.)	Business Other	Individual	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF RECEIPT (INCLUDE FULL NAME)
DA	RECEIPT SOURCE (CHECK ONE)	T SC	() () () () () () () () () ()	R	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	FORM F RECEI	0	
		ľ	tings.	se listii	DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.	ribution	contr	DO NOT LIST cash or in-kind	When total co
Ġ.	o be itemize	rce t	t sou	m that	this tions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.	\$100.	2992	tibutions from a single source exc	NAME OF CAROLOGICA IT OF THE
					. 211111111111	7	1	CTED OFFICIAL:	NAME OF CANDIDATE OR ELECTED OFFICIAL:

FORM REVISED 10.27.2011

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

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: STEWBR

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. CHASDEN, DK. M8 BROLD ST. ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) Administrative Advertising Consultants/ Polling Charitable Contribution PURPOSE OF EXPENDITURE (CHECK ONE) TOTAL EXPENDITURES THIS Food **Fundraising** Loan Repayment Lodging Transportation GIVE BRIEF EXPLANATION OTHER DATE OF EXPENDITURE **PAGE** (mo./day/yr.) EXPENDITURE 2001 AMOUNT 35

FORM REVISED 10.27.2011