MONTHLY & WEEKLY



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILEDAUG 2 5 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.		Type of Report (check o	ne)
Name of Candidate or Elected Official	Political Party/Ballot Affiliation	Monthly	Amended Monthly
BILL C. STEWART		Weekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)		ســا For Monthly Reports	
GADSDEN CITY COUNCIL	DISTRICT 5	Month in which the	
Address Check box if reporting new address		report is filed. For Weekly Reports	
852 WALNUT ST. State ZIP Co	de Telephone Number	Date of Friday in the	8-19-14
City		week in which the report is filed.	871-11
GADSDEN Ph. 35901	256-547-0241	Total Number of	
		Pages in Report	
Summary of activity since last filed report			3729.20
1 Beginning balance (ending balance from pre	evious filing)		5/67.20
Cash Contributions			
2a Itemized cash contributions (total from Form	(2) 2a	<u> </u>	
2b Non-itemized cash contributions	2b	8 20	
2c Total cash contributions (add lines 2a and 2	b)	[2c]	
In-Kind Contributions			
3a Itemized in-kind contributions (total from Fo	rm 3) 3a		
3h Non-itemized in-kind contributions	<u>کے</u> 3b	2.10	
3c Total in-kind contributions (add lines 3a and	(3b) 3c		
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total	I from Form 4) 4a		
4b Non-itemized Receipts from Other Sources	4b		()
4c Total receipts from other sources (add line	s 4a and 4b)	[4c]	0
Expenditures		2/0/	
5a Itemized expenditures (total from Form 5)		36.06	
5b Non-itemized expenditures	5b 5	79,00	112606
5c Total expenditures (add lines 5a and 5b)		50	719414
6 Ending balance (add lines 1, 2c, & 4c, then	subtract line 5c)	6	3219.17
	Office of the Socretary of	State.	which the office is sought
Candidates for State Office: File this report with to Candidates for County or Municipal Office: File	this rapari will the Julius Of I	Topato of the	7 5-th day of
As required by the Alahama Fair Campaign Practices A		incernon nellie lie lilo	
are a setting to the hest of my knowledge and being	ef that the Hua.	of the year do14	My commission expires
attached report(s) and the information contained true and correct and that this information is a full and	complete the 28th	day of March of	the year <u>2017</u> .
statement of all contributions, expenditures, and our	er required Λ	. 4 4	
information during the applicable period of time.	Ina	relson	
Rill C. Tusan	Signature of Nota	ary Public	
Signature of Candidate or Elected Official	TVa Ne	elson	
	Print Notary's Na	ame	

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

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: ___ from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized.)T LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. STENURI

							FORM REVISED 10.27.2011
0	THIS PAGE	SNC	JTIC	IBI	NTE	TOTAL CASH CONTRIBUTIONS THIS PAGE	
				-	-		
				_	_		
				,			
				+-			
		+	_				
		-	-				
60	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	PAC Other	ndividual	Susiness or Corporation	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	CONTRIBUTOR (INCLUDE FULL NAME)
AMOUNT	DATE	1	OF CONTRIBUTION (CHECK ONE)	CHECK ONE	QF C		
				200	<u>\$</u>	no NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 lot unose	When total contributions from it a single

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

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

ME OF CANDIDATE OR ELECTED OFFICIAL: BULL C. STEWISK utions from that source to be itemized.

52.10	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	NS T	ЛІО	ABC	TI	000		Z	[AL	TOT			
				+-	-				1		-		
				-		_	_		_	\dashv			
		_			-	-							
		-			_					+			
							\dashv		丁	+	-		
		-											
		+	_			+-	+-	-		1			
			+-										
							_						YON-ITEMIZED
52.10	8-19-14		2				<u></u>			-			
			-	4	ı l	Tr	4-		Po	1	Ad		
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	ndividual PAC	Corporation	Other Business/	ransportation	tent	quipment ood	onsultants/ olling	vertising	ministrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	CONTRIBUTOR (INCLUDE FULL NAME)
AMOUNT	DATE		CHECK ONE)	() () () ()		NOIL	TRIBU	CCK OI	NATURE OF CONTRIBUTION (CHECK ONE)	IATUI			
			ľ		4		910	100	e Fon	J. US	orm	DO NOT LIST cash or loans on this form. Use Forms	When total co
		OUICE	that s qs.	from	ntions hose	intribe	all co	uires	γ A req	FCF), the	ons from a single source exceed	NAME OF CANDIDA IE ON ELECTRICATION

FORM REVISED 10.27.2011

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 (

F OR ELECTED OFFICIAL: BILL C. STEWAR.

Lending Institution PAC Individual Business Other	TO NOT LIST cash of in-kind contributions on this form. Use Forms 2 and 3 for invasional property of the complete His BLOCK if RECEIPT ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Intelligence of the complete His ALDAN The part of the complete His ALDAN The part of the complete His ALDAN GUARANTORS GUARANTORS JUARANTORS JUARANT	AGE	THIS P	PTS	CEI	TOTAL RECEIPTS THIS PAGE		
ADDRESS (ADDRESS SHOULD INCLUDE STREET OR PO. BOX, CITY, STATE, AND ZIP) In the porsing or guaranteers of individual DORSING OR GUARANTEENG LOAN Individual Business Other	TOTAL CONTRIBUTIONS ON THIS TOTAL USE FORMS & ZAITU & DU NIDOZ NECEDET SOURCE FORM ADDRESS (ADDRESS SHOULD INCLUDE STREET OR PO. BOX, CITY, STATE, AND ZIP) Interes in DORSING OR GUARANTEEING LOAN TOTAL COMPLETE THIS BLOCK IF RECEIPT GUARANTORS GUARANTORS PLETE ADDRESS OF NORMIDUALIS) EN- PORRING OR GUARANTEEING LOAN DORSING OR GUARANTEEING LOAN GUARANTEEING LOAN DORSING OR GUARANTEEING LOAN GUARA							
ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP) Interest DORSING OR GUARANTEENS COMP. Lending institution P.A. Lindividual Business Other	Total contributions on this form. Use Forms 2 and 3 for incommentations on this form. Use Forms 2 and 3 for incommentations on this form. Use Forms 2 and 3 for incommentations on this form. Use Forms 2 and 3 for incommentations on this form. Use Forms 2 and 3 for incommentations of the Feccient of Porms Sandound Is a Loan Complete This block if Receipt Source Is a Loan Complete This block if Receipt Source Is a Loan Complete This block if Receipt Source Is a Loan Complete This block if Receipt Source Is a Loan Complete This block if Receipt Source Is a Loan Complete This block if Receipt Rec	_						
ADDRESS (ADDRESS SHOULD INCLUDE STREET OR POO BOX, CITY, STATE, AND ZIP) Integrated the poor of the po	Total contributions on this form. Use Forms 2 and 3 for in-kind contributions on the forms 2 and 3 for in-kind contributions on the forms 2 and 3 for in-kind contributions on the forms 2 and 3 for in-kind contributions on the forms 2 and 3 for in-kind contributions on the forms 2 and 3 for in-kind contributions on the forms 2 and 3 for in-kind contributions on the forms 2 and 3 for in-kind contributions on the forms 2 and 3 for in-kind contributions on the forms 2 and 3 for in-kind contributions 2 and 3 for in-kind contributions 2 and 3 for in-kind contributions 2 and 3 for in-kind contrib							
ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Interes OF RECEIPT GUARANTORS GUARANTORS GUARANTORS GUARANTORS FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN! DOTHER COMPLETE TO COMPLETE	total contributions on this form. Use Forms 2 and 3 for mode and 5							
ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Into an Dorsing or Guaranteeing Loan, Individual Souther Dorsing or Guaranteeing Loan, Individual Southers State Sta	total contributions on this form. Use Forms 2 and 3 for inval and 3 for invalid contributions on this form. Use Forms 2 and 3 for invalid contributions on this form. Use Forms 2 and 3 for invalid contributions on this form. Use Forms 2 and 3 for invalid contributions on this form. Use Forms 2 and 3 for invalid and in							
ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) In Lo O DORSING OR GUARANTEEING LOAN, Leistitt DORSING OR GUARANTEEING LOAN, Leistitt Dorsing or P.A. Leistitt Dorsing or Guaranteeing Loan, Leistitt Dorsing or Guaranteeing Loan, Leistitt Dorsing or Guaranteeing Loan, Leistitt Dorsing or P.A. Le	total contributions in this form. Use Forms 2 and 3 for in-kind contributions on this form. Use Forms 2 and 3 for in-kind contributi							
ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Into an DORSING OR GUARANTEEING LOAN] CITY, STATE, AND ZIP) Into an DORSING OR GUARANTEEING LOAN] CHECK ONE) CHECK ONE) (CHECK ONE) (CHECK ONE) (CHECK ONE) (CHECK ONE)	total contributions on this form. Use Forms 2 and 3 for investigations on the second of the forms 2 and 3 for investigations on the second of the forms 2 and 3 for investigations on the second of the forms 2 and 3 for investigations on the second of the forms 2 and 3 for investigations on the forms 2 and 3 f							
ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Int	total contributions in this form. Use Forms 2 and 3 for in-kind contributions on this forms. Use Forms 2 and 3 for in-kind contributions on this forms. Use Forms 2 and 3 for in-kind contributions on this forms. Use Forms 2 and 3 for in-kind contributions on this forms. Use Forms 2 and 3 for in-kind contributions on this forms. In this forms 2 and 3 for in-kind contributions on this forms 2 and 3 for in-kind contributions on this forms 2 and 3 for in-kind contributions on this	-						
ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Int o Other Picture In Section (CHECK ONE) GUARANTORS [FCPA REQUIRES FULL NAME AND COM-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES OF INDIVIDUAL(S) EN-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES OF INDIVIDUAL(S) EN-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES OF INDIVIDUAL(S) EN-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES OF INDIVIDUAL(S) EN-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES OF INDIVIDUAL(S) EN-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES OF INDIVIDUAL(S) EN-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES FULL NAME AND COM-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES FULL NAME AND COM-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES FULL NAME AND COM-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES FULL NAME AND COM-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES FULL NAME AND COM-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES FULL NAME AND COM-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES FULL NAME AND COM-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES FULL NAME AND COM-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES FULL NAME AND COM-Indiation of the Dorsing or Guaranteeing Loan] [FCPA REQUIRES FULL NAME AND COM-Indiation of the Dorsing or Guaranteeing Loan]	total contributions in this form. Use Forms Z and 3 for in-Scients ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Integrated by the contributions on this form. Use Forms Z and 3 for in-Scients COMPLETE THIS BLOCK IF RECEIPT (CHECK ONE) RECEIPT SOURCE FORM IS A LOAN FORM STREET OR P.O. BOX, on this form. Use Forms Z and 3 for invocations on this							
OF RECEIPT IS A LOAN (CHECK ONE)	When total contributions in the single point of the point	(mo./da	Business		Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Loan	 SOURCE OF RECEIPT (INCLUDE FULL NAME)
	When total contributions in this form. Use Forms 2 and 3 for in-contributions on this form. Use Forms 2 and 3 for in-contributions on this form.	PECE	X ONE)		- A	COMPLETE THIS BLOCK IT WELL	FORM OF RECEIPT	

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: cipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. SYEMBR

					US YOSTMASIER		PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	When total expenses	in the total expendi
						GOOGIAN DA	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		when total expenditures to a single recipient exceed \$100.00, are
							Administrative Advertising Consultants/ Polling Charitable Contribution	PL	יייי איייייייייייייייייייייייייייייייי
TOTAL EXPI							Food Fundraising Loan Repayment Lodging	PURPOSE OF EXPENDITURE (CHECK ONE)	
TOTAL EXPENDITURES THIS PAGE							Transportation GIVE BRIEF EXPLANATION	NITURE	
IS PAGE						8-19-14	(mo./day/yr.)		
336.06						336,06	l <u> </u>	AMOUNT	

FORM REVISED 10.27.2011