

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED OCT 0 3 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

	Please Print in Ink or Type.					
Nan	ne of Candidate or Elected Official Political Party/	Ballot /	Affiliation	Type of Report	·	one) Amended Monthly
	BILL C. STEWHRT	<u> </u>		Montl Week	•	Amended Weekly
Offic	ce Sought or Held (include district or circuit number, if applicable)	.	ا سر ہو.			Amended vectory
(-	ADSIDEN CITY COUNCIL DISTI	710	. / .5	For Monthly Re Month in which t	•	
				report is filed.		
	832 W/J1/VU/ State ZIP Code Telephone Nu	mbar		For Weekly Reposite of Friday in	•	
City	852 WALNUT ST- State ZIP Code Telephone Nu 3ADSDEN, AL. 35901	mbei		week in which the report is filed.		10-3-14
				Total Number of Pages in Repo		5
S	ummary of activity since last filed report					
1	Beginning balance (ending balance from previous filing)				<u>1</u>	3786.72
	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	0
	In-Kind Contributions					
3a	Itemized in-kind contributions (total from Form 3)	3a				:
3b	Non-itemized in-kind contributions	3b			į	
L	Total in-kind contributions (add lines 3a and 3b)	3c		0		
 	Receipts from Other Sources					
4a	Itemized Receipts from Other Sources (total from Form 4)	4a				
4b		4b				
4c		<u> </u>			4c	0
	Expenditures			•		
5a		5a	721	32.31		
5b		5b	1	11.72		
5c					5c 3	132403
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6	462.69
L	andidates for State Office: File this report with the Office of the S		tarv of Sta	ite.		
Ca	indidates for County or Municipal Office: File this report with the	ie Ju	dge of Pro	bate of the coun	ly in w	hich the office is sought.
4				cribed before me		
swe	ear or affirm to the best of my knowledge and belief that the					. My commission expires
atta						ne year <u>2017</u> .
sta	tement of all contributions, expenditures, and other required	<u> </u>	ua	y 01 <u>1.000 0 R</u>	V: U	, ,,
info	ormation during the applicable period of time.	Dv	am	elson		
1	Sill C- Slewar 10-3-14 sig	nature	of Notary	ub lic		
Sig	nature of Candidate or Elected Official Date	IJ a	e of Notary F	Son		!

Print Notary's Name

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: ____

	S PAGE	Ī	S	10 .	UT	RIB	TOTAL CASH CONTRIBUTIONS THIS PAGE	FCRM REVISED 10.27.2011

OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		N	SOURCE OF CONTRIBUTION (CHECK ONE)	SOURCE CONTRIBUT (CHECK ONE)	SO SOS	OF (CONTRIBUTOR
	to be itemized.	ource Is.	at so sting	m th	tho:	tions 4 for	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.	When total contribu

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: BILL C. TEWART



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.

FORM REVISED 10.27.2011						CONTRIBUTOR (INCLUDE FULL NAME)	
						ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
ヺ						Administrative	
770						Advertising	NATL
1						Consultants/ Polling	JRE 1
Z						Equipment	みら り も
Ê						Food	NO N
DC						Rent	NATURE OF CONTRIBUTION (CHECK ONE)
ğ						Transportation	TION
T R				†		Other	4
IBL						Business/ Corporation	-
) I						Individual	SOURCE (CHECK ONE)
N.						PAC	RCE
3		<u>† </u>	 			Other	
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE						CONTRIBUTION RECEIVED (mo./day/yr.)	
0						OF	

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: _

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. be itemized.

				5	is on this form. Ose i office a and o for those	ด	iiotii Yo.	ľ				
		OF R	FORM OF RECEIPT	IPT	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RE	RECEIPT SOURCE (CHECK ONE)	7 S	OUR ONE)	CE		
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
FORM REVISED 10.27.2011					TOTAL RECEIPTS THIS PAGE	IPI	r S.	Ï	SP	AG	m	

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: BILL BILL STEWBRI



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

3,041.72	AGE	TOTAL EXPENDITURES THIS PAGE	B	PE	EX	AL.	O						FORM REVISED 10.27.2011
										· .:	·		
41.72							<						NOV-ITEMIZED
300000	10-3-14			``							χ'	BILL C. STEWBRT 852 WHLNUTST, GARSDEDE	RESTOVLOAN
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Loan	Fundraising	Contribution Food	Polling Charitable Contribution	Consultants/	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	PURPOSE OF EXPENDITURE (CHECK ONE)	ONE	HECK PF III	OSE (C)	URP	70					