

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

OCT 3 1 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.				
Name of Candidate or Elected Official Political Party	Ballot Affiliation	Type of Report	•	ne) Amended Monthly
BULL C STEWART		Week		Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	- - -	For Monthly Re	,	
Address Check box if reporting new address	<u>E</u> / 3	Month in which		
		report is filed, For Weekly Re	norts	
State ZIP Code Telephone Nu	ımber	Date of Friday in	n the	
GADSDEN Ph. 35901 256-54	Į.	week in which to report is filed.	ne	
		Total Number		
		Pages in Repo	rt	<u> </u>
Summary of activity since last filed report			,	1162 66
1 Beginning balance (ending balance from previous filing)			1 /	462-69
Cash Contributions			1	
2a Itemized cash contributions (total from Form 2)	2a			
2b Non-itemized cash contributions	2b			
2c Total cash contributions (add lines 2a and 2b)	4		2c	
In-Kind Contributions			1	
3a Itemized in-kind contributions (total from Form 3)	3a			
3b Non-itemized in-kind contributions	3b		i	
3c Total in-kind contributions (add lines 3a and 3b)	3c	0		
Receipts from Other Sources			1	
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	0
Expenditures				
5a Itemized expenditures (total from Form 5)	5a 23	7.96		1
5b Non-itemized expenditures	5b			
5c Total expenditures (add lines 5a and 5b)			5c	237.96
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6	224.73
Candidates for State Office: File this report with the Office of the S	Secretary of Stat	e.		
Candidates for County or Municipal Office: File this report with the			ty in whi	ch the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby Sw	orn to and subso	cribed before me	this	31町 day of
swear or affirm to the best of my knowledge and belief that the	ctober of the	he vear 201	4 .	My commission expires
attached report(s) and the information contained herein are true and correct and that this information is a full and complete	<i>a</i>	of april		year 2018
statement of all contributions, expenditures, and other required			0	7
information during the applicable period of time.	They	a < k	201	raver
	nature of Notary Pu	ıplic O	<u> </u>	
Signature of Candidate or Elected Official Date	Gener	ja K.	3h	aver

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: _ TEMPIRT

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. **po NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

0	HIS PAGE	ST	O Z	E	R B	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 10.27.2011
CO	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Corporation Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) siness	CONTRIBUTOR (INCLUDE FULL NAME)
AMOUNT			ONE)	SOURCE OF CONTRIBUTION (CHECK ONE)	ÇÇ X		

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: ___ STEWAR be itemized.

CONTRIBUTOR (INCLUDE FULL NAME) When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings. ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) Administrative NATURE OF CONTRIBUTION (CHECK ONE) Advertising Consultants/ Polling Equipment Food Rent Transportation Other Business/ SOURCE (CHECK ONE) Corporation Individual PAC Other CONTRIBUTION RECEIVED (mo./day/yr.) DATE CONTRIBUTION AMOUNT

FORM REVISED 10.27.2011

TOTAL IN-KIND CONTRIBUTIONS THIS

PAGE

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



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

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 in-kind contributions on this form. Use Forms 2 and 3 for those listings. STEWIAR

		FORM OF RECEIPT	FORM	<u> </u>	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	RECEIPT SOURCE (CHECK ONE)	CEIPT SOUR (CHECK ONE)	URCE VE)	u H K	FN C
SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	гоэп	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN]	Lending Institution PAC	laubivibnl	esenisu8 TedfO	₹	OF RECEIPT
	ŕ	 		_						
FORM REVISED 10.27.2011					TOTAL RECEIPTS THIS PAGE	EIPTS '	E	S PA	GE	0

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



ditures by candidate or elected official FORM 5: Expen

NAME OF CANDIDATE OR ELECTED OFFICIAL:

NAME OF CANDIDATE OR ELEC								
When total exper	When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.	0, the FCPA	requir	es all ex	pendi	ures to that recip	ient be itemize	ö
			URPO	PURPOSE OF EXPENDITURE (CHECK ONE)	PENDIT	URE		
PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative Advertising Consultants/ Polling	Charitable Contribution Food	Fundraising Loan Repayment	Lodging Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
	SHO PALBERT RAINS ALVO		>				10-7-14	787.56
(14/4/5								
						-		
EORM REVISED 10.27.2011			0	AL EX	PEN	JTAL EXPENDITURES THIS PAGE	PAGE	95725