

#### Candidate & Elected Official Campaign Finance Report **SUMMARY FORM 1**

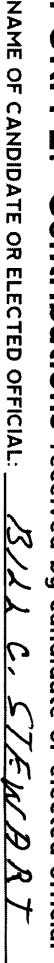
**FILED** 

BOBBY M. JUNKINS JUDGE OF PROBATE

Name of Candidate or Elected Official Politic		· · · · · · · · · · · · · · · · · · ·	
1 Olitica	al Party/Ballot Affiliation	Type of Report (che	<u> </u>
Office Sought or Held (include district or circuit number, if applicable)		Weekly	Amended Monthly  Amended Weekly
GADSDEN CITY COUNCIL DIST	POINT 5	For Monthly Report	· · · · · · · · · · · · · · · · · · ·
Address Check box if reporting new address	KILI S	Month in which the	
852 WALNUT ST		report is filed.  For Weekly Reports	
City State ZIP Code Teleph	none Number	Date of Friday in the	'
GAPSDEN AL 35901 250	5-547-0241	week in which the report is filed.	9-26-14
		Total Number of	
Summary of activity since last filed report		Pages in Report	3
1 Beginning balance (ending balance from previous fili	ina)		20-0
Cash Contributions	(ing)	11	3739.04
2a Itemized cash contributions (total from Form 2)			
2b Non-itemized cash contributions		0.00	
	2b	0	
2c Total cash contributions (add lines 2a and 2b) In-Kind Contributions		2c	100.00
3a Itemized in-kind contributions (total from Form 3)			
3b Non-itemized in-kind contributions	3a		
	3b		·
3c Total in-kind contributions (add lines 3a and 3b)  Receipts from Other Sources	3c	0	
	4) 4		
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	<u>b)</u>	4c	0
Expenditures			· · · · · · · · · · · · · · · · · · ·
5a Itemized expenditures (total from Form 5)	5a		
5b Non-itemized expenditures	5b 5b	2.32	
5c Total expenditures (add lines 5a and 5b)		5c	52,32
6 Ending balance (add lines 1, 2c, & 4c, then subtract line	e 5c)	6	3786.72
Candidates for State Office: File this report with the Office of t	he Secretary of State		
Candidates for County or Municipal Office: File this report w			hich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby	Sworn to and subscr		a9th day of
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are	Sept. of the	e vear 2014	. My commission expires
true and correct and that this information is a full and complete	the 28th day of	of March of the	2017
statement of all contributions, expenditures, and other required	day (		le year <u>Ojer j</u> .
information during the applicable period of time.	I Dra ne	lson)	I
Signature of Candidate or Elected Official Date			
Date	I Iva Nelso	n	I
FORM REVISED 10.27,2011	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





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

100,00	IS PAGE	HI	SNC	ЛПС	RIBL	TOTAL CASH CONTRIBUTIONS THIS PAGE	FÖRM REVISED 10.27.2011
100.00	9-24-14				-	GADSDEN AL. 35901	GEARGE WHITE
OF CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Corporation Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) sines	(INCLUDE FULL NAME)
	7	ON	CE IBUTI ONE)	SOURCE CONTRIBUT (CHECK ONE)	SOURCE OF CONTRIBUTION (CHECK ONE)		

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## 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. STEWART



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.

				١	7	1									
CONTRIBUTOR		-7	LATU	NATURE OF CONTRIBUTION (CHECK ONE)	<b>一点の</b>		) BU			<u> </u>	SOU NOS	SOURCE (CHECK ONE)	Ü		
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
				·											
				= -											
		•													
									***						
FORM REVISED 10.27.2011		70	TAI	Z	츠	ND D	၁၁	TN	P.	3U.		S	I	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	0

## 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: BLAKE C. STEWART

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.

FORM REVISED 10.27.2011							(INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		
							Interest	9	
					(		Loan	7000	
							Other	1 7	
TOTAL RECE							GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]		
TOTAL RECEIPTS THIS PAGE						*	Lending Institution		
							PAC	(CH	
							Individual	(CHECK ONE)	
			****				Business		
							Other		
111							RECEIVED (mo./day/yr.)	1	
0							RECEIPT		

# 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 C STEWART



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

						NON-ITEMIZED	PERSON/GROUP/BUSINESS  RECEIVING EXPENDITURE  (INCLUDE FULL NAME)  ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
						,- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Administrative	
							Advertising	
							Consultants/	
1							Polling Charitable Contribution	
ГОТ					:		Food	URP
JA.				***************************************			Fundraising	OSE (C)
EXI							Loan Repayment	ウ 市 C K
Œ	,				, , , , , , , , , , , , , , , , ,		Lodging	ONE)
							Transportation	PURPOSE OF EXPENDITURE (CHECK ONE)
TOTAL EXPENDITURES THIS PAGE							OTHER GIVE BRIEF EXPLANATION	RE
PAGE						9-25-14	DATE OF EXPENDITURE (mo./day/yr.)	
52.32						52.32	AMOUNT OF EXPENDITURE	