

FAIR CAMPAIGN PRACTICES ACT

Candidate & Elected Official Campaign Finance Report CLIMMARY FORM 1A

F	IL	ED
JAN	08	2015

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.		D-H-ACCH.	Calendar Yea	r	
Name of Candidate or Elected Official	Political Party/	Ballot Affiliation	covered by th		
Bobby M. Junkins	Democ	rat			2014
Office Sought or Held (include district or circuit number, if applicable)					Amended Annual Report
Probate Judge					Termination Report
Address Check box if reporting new address				<u></u>	
			Total Pages i	_	_
131 Nottingham Road City State ZIP Co	de Telephone Nu	ımber	your count.	age III	6
Rainbow City AL 35906	256-44	42-6366			
Rainbow Crey		. ما ده ده ده	December 31 (of reno	rting year
SECTION I - Summary of activity from last		tnrougn	December 51	71 TC PC	507.56
1 Beginning balance (ending balance from previous fil	ing)	-		<u>'</u>	307.50
Cash Contributions		1		7	
2a Itemized cash contributions (total from Form 2)		2a	0	-	
2b Non-itemized cash contributions		2b	0	2c	0
2c Total cash contributions (add lines 2a and 2b)		-		20	<u> </u>
In-Kind Contributions		 			
3a Itemized in-kind contributions (total from Form 3)		3a 3b	0		
3b Non-itemized in-kind contributions		3c 3c	0		
3c Total in-kind contributions (add lines 3a and 3b)		30	U		
Receipts from Other Sources	- Form 4)	10	0		
4a Total itemized receipts from other sources (total from	m FOITH 4)	4a			
4b Total non-itemized receipts from other sources	41. \	140	0	4c	0
4c Total receipts from other sources (add lines 4a and	4b)			1701	
Expenditures		5a 1,	135.00	_	
5a Itemized expenditures (total from Form 5)		5b 5b	0		
5b Non-itemized expenditures		30		5c	1,135.00
5c Total expenditures (add lines 5a and 5b)	lino Fo\	-		6	(627.44)
6 Ending balance (add lines 1, 2c, & 4c, then subtract	iline 50)		augry 1st thro	iah De	
SECTION II - Summary of activity for entir	e reporting	year - Jai	luary 15t tillo		CCITIBOT O TO
7 Beginning balance (as of January 1 of reporting year	ar)			8	
8 Total cash contributions for year					
9 Total in-kind contributions for year		9		10	
10 Total receipts from other sources for year				11	
11 Total expenditures for year				12	
12 Ending balance (add lines 7, 8, & 10, then subtract	l line 11)	12			
13 Total campaign debt (total debt owed as of Decem		13		Q F	t Jan
As required by the Alabama Fair Campaign Practices Act, I hereby affirm to the best of my knowledge and belief that the attached rep the information contained herein are true and correct and that this in is a full and complete statement of all contributions, expenditures, required information during the applicable period of time.	oort(s) and yes formation and other the	e year 20	Cribed before me this	res the <u>O</u>	day of March
Signature of Candidate or Elected Official Date	e P	rint Notary's Na	me		FORM REVISED 4.5.

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



FORM 2: Contributions received by candidate or elected official

						CONTRIBUTOR (INCLUDE FULL NAME)		When total contributio	IAME OF CANDIDATE OR ELECTED OFFICIAL:
TOTAL CASH CONTRIBUTIONS						ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		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.	OFFICIAL: Bobby M. Junkins
NTR!						Business or Corporation	OF C	ontributions from that sou 3 and 4 for those listings.	
BUI						Individual PAC	SOUT CHECK	from those	
Š				-		Other	SOURCE CONTRIBUTION (CHECK ONE)	that s listin	
			-			Returned	<u>Ş</u>	gs.	
THIS PAGE						CONTRIBUTION RECEIVED (mo./day/yr.)	DATE	to be itemized.	
0						OF CONTRIBUTION	AMOUNT		

FORM REVISED 9.2.2011

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: Bobby M. Junkins

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. be itemized.

0	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	ST	S N	ĬΪ	BE	TR	9	00	<u>S</u>	Z Z	AL I	\T0	<u></u> 1		
		_													
		1													
8	yr.)	Other	PAC	Individual	Corporation	Other Business/	Transportation	Rent	Food	Equipment	Polling	Advertising Consultants/	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	CONTRIBUTOR (INCLUDE FULL NAME)
AMOUNT	DATE		ONE ONE	SOURCE (CHECK ONE)	Ω Ω (c)		Q Z	BUTI	NTRI ONE)	ECK	NATURE OF CONTRIBUTION (CHECK ONE)	ATUF	Z		
				ľ		4					3	Ş	5	DO NOT LIST CASIT OF IVALIS OF A RE-	

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

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

ie Company

ICIAL

NAME OF CANDIDATE OR ELECTED OFFICIAL: _ SOURCE OF RECEIPT (INCLUDE FULL NAME) When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. CITY, STATE, AND ZIP) Bobby M. Junkins OF RECEIPT Interest FORM Loan Other [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE THIS BLOCK IF RECEIPT **GUARANTORS** IS A LOAN TOTAL RECEIPTS TH Lending RECEIPT SOURCE (CHECK ONE) Institution **PAC** Individual **IS PAGE Business** be itemized Other (mo./day/yr.) RECEIVED DATE **AMOUNT** RECEIPT 유 0

FORM REVISED 9.2.2011

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: Bobby M. Junkins

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

When total expend	When total expenditures to a single recipient exceed \$ 100.5	,	(9									
					PL	PURPOSE OF EXPENDITURE (CHECK ONE)	(CHE	F EX	NE PEN	חדום	RE		
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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
Gadsden Cultural Arts	501 Broad Street Gadsden, AL 35901		×				×				Tickets	1/9/2014	150.00
Executive Committee	Gadsden, AL 35901		×				×				Tickets	2/4/2014	20.00
The Messenger	408 Broad Street Gadsden, AL 35901		×								Ad	2/5/2014	48.08
The Messenger	408 Broad Street		×								Ad	2/5/2014	146.92
Jamie Moore Productions	_		×								Commercial	2/5/2014	20.00
NAACP	Gadsden, AL 35901		×				×				Tickets	2/20/2014	20.00
Etowah County Democrati Women's Club	c Gadsden, AL 35901		×				×		_		Tickets	2/20/2014	25.00
NorthEast Alabama Kidney Foundation	PO Box 264 Gadsden, AL 35901		×	 			×				Tickets	2/21/2014	125.00
Humane Society Etowah County	4200 Brooke Ave Gadsden, AL 35901		×				×				Tickets	2/25/2014	- 8
FORM DEVICED 0 2 2011					_	10.	ΣL	E)	PE		TOTAL EXPENDITURES THIS	S PAGE	633.00

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

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Bobby M. Junkins

500.00	S PAGE	TOTAL EXPENDITURES THIS		ΞΧΡΙ	2	OT	}	-		_		
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			+	+			+	+	-			
			+		_			+	+	-		
			<u></u>									Democratic rare)
500.00	3/3/2014	Donation			×	<u></u>					Gadsden,AL 35901	Etowah County
OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Fundraising Loan	Food	Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
				PURPOSE OF EXPENDITURE (CHECK ONE)	등	POSE	PUR					
		FCPA requires all experiorities to triat roup of		xper	a	ulres	rea	CP/	he -	, 8	When total expenditures to a single recipient exceed \$100.00, the	When total expend
	ent be itemized.	e to that recipion	<u>ا</u>		<u> </u>							NAME OF CAROLOGICA

FORM REVISED 9.2.2011