FORM REVISED 10 27,2011



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

APR 2 7 2012

BOBBY M. JUNKINS JUDGE OF PROBATE

						
Please Print in Ink or Type. Name of Candidate or Elected Official	Political Par	tv/Ballo	t Affiliation	Type of R	eport (check	one)
Bobby M. Junkins				\	Monthly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)	<u>Democ</u> :	rati	.c		Weekly	<u></u>
Probate Judge					•	Amended Weekly
Address Check box if reporting new address	· · · · · · · · · · · · · · · · · · ·	····		Month in w	hich the	A : (>
131 Nottingham Road			ļ	report is file		HPP1/201
City State ZIP Code I				For Week!		
Poinhar Cit	Telephone N			Date of Frid week in wh		1
33900	256-442	2-63	00	report is file		
				Total Numi Pages in R		
Summary of activity since last filed report				800	.oporc	5
1 Beginning balance (ending balance from previou	e filing)					
Cash Contributions	is imig/	4			1 4	.224.56
ltemized cash contributions (total from Form 2)		 				
b Non-itemized cash contributions		2a	0			
		2b	0			
Total cash contributions (add lines 2a and 2b)]			2c	0
In-Kind Contributions					<u> </u>	
a Itemized in-kind contributions (total from Form 3)		3a	0			
b Non-itemized in-kind contributions		3b	0			
Total in-kind contributions (add lines 3a and 3b)		3c	0			
Receipts from Other Sources			<u> </u>			
a Itemized Receipts from Other Sources (total from	Form 4)	4a	0			
Non-itemized Receipts from Other Sources		4b	0			
Total receipts from other sources (add lines 4a an	nd 4b)	<u> </u>	<u> </u>		4c	0
Expenditures					10	
Itemized expenditures (total from Form 5)		5a	105.0	^	7	
Non-itemized expenditures		5b	125.00 0	J		
Total expenditures (add lines 5a and 5b)		<u> </u>	<u> </u>	·*	5c 1	
Ending balance (add lines 1, 2c, & 4c, then subtract	line 5c)					25.00
					<u> 6 4,</u>	099.56
indidates for State Office						
ministra be despet, or Massagar (the		:				and the second section
required by the Alabama Fair Campaign Practices Act, I hereby	Sworr	to a	nd subscrib	ed before me	e this _	7 day of
ear or affirm to the best of my knowledge and belief that the sched report(s) and the information contained herein are		ul)				commission expires
and correct and that this information is a full and complete	***	$\frac{1}{2}$				$\frac{20}{4}$
ement of all contributions, expenditures, and other required	the	40	day of	11 1200	of the ye	$\frac{\alpha \sqrt{y}}{1}$
rmation during the applicable period of time.	/		\mathcal{K}_{α}	: B	\mathcal{M}	15 Sen ni
MINING WILL LOUBE WAR K	/		/ 1 /LX 1.		, ,	
nature of Candidate or Elected Official Date	Signati	TO OF	Notary Public			

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: Bobby M. Junkins



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.

	S PAGE	THI	Z	T 0	80	TR.	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 10.27.2011
OF CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLODE FOLL NAME)
		Ö	SOURCE OF CONTRIBUTION (CHECK ONE)	SOUR DNTR HECK	ÇΩ ΩΩ.	0	ADDRESS	CONTRIBUTOR

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 be itemized.

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.

FORM REVISED 10.27.2011						(INCLUDE FULL NAME)	CONTRIBUTOR
						(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP)	ADDRESS
ᅻ						Administrative	1
Ιĕ						Advertising	NAT
						Consultants/ Polling	SE SE
Z						Equipment	유유
Î						Food	Š Č
00						Rent	E R
2						Transportation	NATURE OF CONTRIBUTION (CHECK ONE)
TR						Other	Z
BC						Business/	_
Ĭ						Corporation Individual	SOURCE (CHECK ONE)
Ž				<u> </u>		PAC	URC CK O
#						Other	m m
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE						CONTRIBUTION RECEIVED (mo./day/yr.)	
						AMOUNT OF CONTRIBUTION	

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

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

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 be i DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

	М	AGI	S P	I	r S.	IPT	TOTAL RECEIPTS THIS PAGE					FORM REVISED 10.27.2011
AMOUN I OF RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		CE	RECEIPT SOURCE (CHECK ONE)	PT S	() (건 ()	22	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	FORM	유	ADDRESS	SOURCE OF 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: Bobby M. Junkins



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

125.00	AGE	TOTAL EXPENDITURES THIS PAGE	IDIT	Ĕ	EXF	2	10.					FORM REVISED 10.27 2011
					 							
				 								
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			1			+						
2 125.00	4-26-2012	ticket/1				×					400 Walnut Street Gadsden, AL 35901	Gadsden Shrine Club
AMOUNT RE OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Loan	Food Fundraising	Charitable Contribution	Polling	Advertising Consultants/	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		TURE	PURPOSE OF EXPENDITURE (CHECK ONE)	X EXP	CHEC P	Pos	PUR		4	_		PERSON/GROUP/BUSINESS