MONTHLY & WEEKLY

FORM REVISED 10 27:2011



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



						- WE
Please Print in Ink or Type.				Type of R	leport (check	one)
Name of Candidate or Elected Official	Political Party/8	Ballot A	Affiliation	<u>k</u>	Monthly	Amended Monthly
Bobby M. Junkins	Democ	rat	ic		Weekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)				For Mont	thly Reports	
Probate Judge				Month in	which the	July 2012
Address Check box if reporting new address				report is f		002) 202
131 Nottingham Road					k ly Reports riday in the	
City State ZIP Code	Telephone Nur 256-44		366	week in w		
Rainbow City AL 35906	230-44	2-0	300	Total Nu		
				Pages in		5
Summary of activity since last filed report				,		4,449.56
1 Beginning balance (ending balance from previo	us filing)				1	4,447.00
Cash Contributions		ļ				
2a Itemized cash contributions (total from Form 2)		2a	0			
Non-itemized cash contributions		2b	0			
2c Total cash contributions (add lines 2a and 2b)					2c	0
In-Kind Contributions						
3a Itemized in-kind contributions (total from Form :	3)	3a	0			
Non-itemized in-kind contributions		3b	0			
Total in-kind contributions (add lines 3a and 3b)	3c	U			
Receipts from Other Sources						
4a Itemized Receipts from Other Sources (total fro	m Form 4)	4a	0			
4b Non-itemized Receipts from Other Sources		4b	0			0
4c Total receipts from other sources (add lines 4a	and 4b)	-			4c	<u> </u>
Expenditures		<u> </u>				
5a Itemized expenditures (total from Form 5)		5a	<u> 250.0</u>	0		
5b Non-itemized expenditures		5b	0			
5c Total expenditures (add lines 5a and 5b)					5c	250.00
6 Ending balance (add lines 1, 2c, & 4c, then subtr	ract line 5c)				[6]	4,199.56
Candidates for State Office (1997)		•				
Candidates for County or Municipal Office						
As required by the Alabama Fair Campaign Practices Act, I he	- /	orn to	and subso	ribed befo	re me this _	<i>30</i> day of
swear or affirm to the best of my knowledge and belief that	t the	we	ex of the	ne year <u> </u>	10/01	My commission expire
attached report(s) and the information contained herein true and correct and that this information is a full and comp	plete the	2	dav	of M	archoel	ne year <u>20/4</u>
statement of all contributions expenditures, and other requ	uired		1/	,	Q	ML.
information during the applicable period of time	1		$/\lambda K$	w	D. 1	11 John
1) SOMMINNON	Sig	nature	of Notary Pu	blic •	D	mcc.
Signature of Candidate or Elected Official Date	!		Sh	eel	1 2.	111-0-121
' //	Prıi	nt Note	ary's Name			

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

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.

FORM REVISED 10.27.2011						CONTRIBUTOR (INCLUDE FULL NAME)	
TOTAL CASH CONTRIBUTIONS THIS PAGE						(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP)	
N N						Business or Corporation	0
ᇛ						Individual	SOURCE OF CONTRIBUTION (CHECK ONE)
			1			PAC	NTR.
2				1		Other	DNE)
T S		1				Returned	2
HIS PAGE						CONTRIBUTION RECEIVED (mo./day/yr.)	DATE
0						OF	

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.

0	THIS PAGE	ST	2	Ĭ	BE	TR	2	TOTAL IN-KIND CONTRIBUTIONS	Ξ	Z	ľ	770	ᅻ	27 2011	FORM REVISED 10.27.2011
					1										
		+													
			 												
		1													
												-	-		
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Corporation	Other Business/	Transportation	Rent	Food	Equipment	Polling	Consultants/	Advertising	NAME) STREET OR P.O. BOX, CITY, STATE, AND ZIP) Administration	CONTRIBUTOR (INCLUDE FULL NAME)
		<u> </u>	ONE CE	SOURCE (CHECK ONE)	Q Q		ON.	NATURE OF CONTRIBUTION (CHECK ONE)	NE)	ECK ((CH 우	TUR	Z		
				Ġ			٤	֓֞֜֜֜֜֜֜֜֓֓֓֓֜֜֜֜֜֓֓֓֓֓֓֜֜֟֜֓֓֓֓֓֡֓֜֜֜֜֡֓֓֡֓֜֡֡֡֡֓֜֜֡֡֡֓֡֡֡֡			2	000	ion.	DO NOT LIST CASH OF TOATS OF THE TO	

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

FORM REVISED 10.27.2011						(INCLUDE FULL NAME)	
						(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX CITY, STATE, AND ZIP)	
						Interest	FORM OF RECEIPT
						Loan	FORM
						 Other	막
TOTAL RECEIPTS THIS PAGE						GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN
EIF					-	Lending Institution	70
ST						PAC	RECEIPT SOURCE (CHECK ONE)
뒾						Individual	PT S
S			,			Business	OUR
PA	- 1					Other	CE
3E						RECEIVED (mo./day/yr.)	245
0						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.

250.00	PAGE	TOTAL EXPENDITURES THIS PAGE	I E	XP	E	97/	-					FORM REVISED 10.27.2011
										-		
				-								
					-							
100.00	7/2/2012	Ticket					×				Gadsden, AL 35901	Clean Water for Children-Lions Club
75.00	7/16/2012	Ad for Program		-					×		Rainbow City, AL	Westbrook Christian School
75.00	7/17/2012	Ad for Program		 					×		Sardis, AL	Sardis Cheer Club
AMOUNT 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 (ADDRESS SHOULD INCLUDE STREET OR PO. BOX. CITY. STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		JRE	פודר	PURPOSE OF EXPENDITURE (CHECK ONE)	HECK FE	S)	PUR					