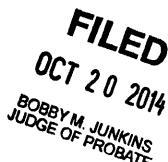
HONTHLY & WEEKLY



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1



			CATE
Please Print in Ink or T	ype. Political Party/Ballot Affiliation	Type of Report (check	
Name of Candidate or Elected Official	Democret	Monthly	Amended Monthly
Office Sought or Hald (include district or circuit number, if applica		Weekly	Amended Weekly
Etowah County Commissi		For Monthly Reports Month in which the	
Address Check box if reporting new address		report is filed.	
1637 Arrowhead Dr		For Weekly Reports Date of Friday in the	
City State	ZIP Code Telephone Number	week in which the	10-17-14
Gadiden Al 35	5903 (256) 305-120	report is filed. Total Number of	
		Pages in Report	05
Summary of activity since last filed re	port		
1 Beginning balance (ending balance from	n previous filing)	1	0
Cash Contributions			
2a Itemized cash contributions (total from	Form 2) 2a	.0	
2b Non-itemized cash contributions	2b	8	
2c Total cash contributions (add lines 2a a	nd 2b)	2c	
In-Kind Contributions		67×	
3a Itemized in-kind contributions (total from	m Form 3) 3a	0	
3b Non-itemized in-kind contributions	3b	8	
3c Total in-kind contributions (add lines 3a	a and 3b) 3c	8	
Receipts from Other Sources		<u> </u>	
4a Itemized Receipts from Other Sources	(total from Form 4) 4a	6	
4b Non-itemized Receipts from Other Sou	rces 4b	8	- a
4c Total receipts from other sources (add	lines 4a and 4b)	4c	
Expenditures		A -	
5a Itemized expenditures (total from Form		.6	
5b Non-itemized expenditures	5b	6	Or
5c Total expenditures (add lines 5a and 5	(b)	5c	
6 Ending balance (add lines 1, 2c, & 4c, tl	nen subtract line 5c)	6	
Candidates for State Office: File this report v	vith the Office of the Secretary	of State.	Link the office is sought
Candidates for State Office: File this report we Candidates for County or Municipal Office:	File this report with the Judge	of Probate of the county in v	which the office is sought.
As required by the Alabama Fair Campaign Practic	es Act, I hereby Sworn to an	d subscribed before me this _	day or
swear or affirm to the best of my knowledge and attached report(s) and the information contain	Dellei that the	- VY GI & A	. My commission expires
true and correct and that this information is a full	and complete the	day of	the year
statement of all contributions, expenditures, and information during the applicable period of time.	other required	X Land	B. III Dem
inition adding the applicable ported of anyon		Notary Public .	2 10
Signature Candidate or Elected Official	Date Signature of N	5/001	B. IMViNN

Print Notary's Name

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:

When total contributions from a single source exceled \$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.

Q	IIS PAGE	S T	N ON	TU	I RE	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 10.27.2011
			1				
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	Individual PAC	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
			RCE RIBUT (ONE)	SOUI ONTF	SOURCE OF CONTRIBUTION (CHECK ONE)		

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

FORM 3: In-Kind Contributions reseived by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: CONTRIBUTOR (INCLUDE FULL NAME) 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. ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) Administrative TOTAL IN-KIND CONTRIBUTIONS THIS NATURE OF CONTRIBUTION (CHECK ONE) Advertising Parker Consultants/ Polling Equipment Food Rent Transportation Other Business/ SOURCE (CHECK ONE) Corporation individual PAC Other CONTRIBUTION RECEIVED (mo./day/yr.) PAGE DATE CONTRIBUTION **AMOUNT**

FORM REVISED 10.27.2011

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

archa

ome

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.

Z	m	λG	SF	王	ST	EĮÞ.	TOTAL RECEIPTS THIS PAGE					FORM REVISED 10.27.2011
						· · · · · · · · · · · · · · · · · · ·						
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 (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
;	1		RECEIPT SOURCE (CHECK ONE)	PT S(CHE	곴	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	-ORN	유_		

FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



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

FORM REVISED 10.27.2011								PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
								ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
								Administrative	
			,					Advertising	
					 	:: -1 · <u>-</u>		Consultants/ Polling	
1								Charitable Contribution	P
O	<u></u>	<u>. </u>		· <u> </u>			×	Food	URP
[AL						<u>-</u>		Fundraising	PURPOSE (C
ΕX						 		Loan	OF E
PΕ								Repayment Lodging	ONE ONE
ND						 		Transportation) NDI
ודנ									E OF EXPENDITURE
TOTAL EXPENDITURES THIS PAGE								OTHER GIVE BRIEF EXPLANATION	
AGE								DATE OF EXPENDITURE (mo./day/yr.)	
Q								AMOUNT OF EXPENDITURE	