## MONTHLY & WEEKLY

## FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

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

## FILED

MAY 1 2 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in ink or Type.			
	/Bailot Affiliation	Type of Report	<u> </u>
Deborah Dixon		Mont	<u> </u>
Office Sought or Held (include district or circuit number, if applicable)  Attalla. City Board of Education	Nihit 2	For Monthly Re	
Address Check box if reporting new address	LASIFICT CA	Month in which t	
1208 Old Boaz Rd		report is filed.  For Weekly Reg	Note:
City State ZIP Code Telephone No	umber	Date of Friday in	the
Attalla. AL 35954 256-	504-0331	week in which the report is filed.	5-9-14
		Total Number o	- 1
Summary of activity since last filed report		rages in repor	
1 Beginning balance (ending balance from previous filing)			1
Cash Contributions	_	_	<u>'</u>
2a Itemized cash contributions (total from Form 2)	2a		•
2b Non-itemized cash contributions	2b		
2c Total cash contributions (add lines 2a and 2b)			2c · Ø
In-Kind Contributions	-	<u>.</u> .	Συ, Ψ
3a Itemized in-kind contributions (total from Form 3)	3a		
3b Non-itemized in-kind contributions	3b		j
3c Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from Form 4)	4a		
4b Non-itemized Receipts from Other Sources	4b		
4c Total receipts from other sources (add lines 4a and 4b)		4	lc D
Expenditures			
5a Itemized expenditures (total from Form 5)	5a		
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)			ic
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)			6 Ø
Candidates for State Office. For the programme of the control of t			
Candidates for County or Municipal Office (1997) (1997)			n samana Arking gapan
As required by the Alabama Fair Campaign Practices Act, I hereby Swo			nis 12th day of
SMBSE OF STIPM to the heat of sections and helicities and helicities	A 4	_	My commission expires
true and correct and that this information is a full and complete			of the year 20/7
statement of all contributions, expenditures, and other required		• •	or the year <u>oppy</u>
Della de 4 5-12-14, sign	Charles Culture of Notary Public	nningham.	
Signature of Candidate or Elected Official Date	ature of Notary Public		1
1 (	harles (unn	inaham	

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

Rbornt

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

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		SOURCE OF CONTRIBUTION (CHECK ONE)	SOUTH	NOW THE PROPERTY OF THE PROPER	NO TON		
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual PAC	Other	Returned	CONTRIBUTION RECEIVED (mo./day/yr.)	OF
							•
	-						
FORM REVISED 9.2.2011	TOTAL CASH CONTRIBUTIONS THIS PAGE	TRE	Ë	Q N	ST	HIS PAGE	0

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

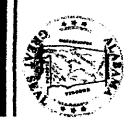
# FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:
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When total contributions from a single source exceed \$100.06, 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.

									(INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	CONTRIBUTOR
									D INCLUDE Y, STATE, AND ZIP) Administrative	
9		·		<del> </del>					Administrative Advertising	1
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Z									Polling Equipment	(유) (유)
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8									Business/	
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2									Individual	SOURCE (CHECK ONE)
S						,			PAC	
<u>=</u>									Other	
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE			·						CONTRIBUTION RECEIVED (mo./day/yr.)	
0				,					AMOUNT OF CONTRIBUTION	



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

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

NAME OF CANDIDATE OR ELECTED OFFICIAL:		
12	· -	
bord lixu		

FORM REVISED 9.2.2011 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 be itemized ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. FORM OF RECEIPT Interest 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 THIS** Lending RECEIPT SOURCE (CHECK ONE) Institution PAC Individual **Business** PAGE Other RECEIVED (mo./day/yr.) DATE AMOUNT RECEIPT 읶

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & 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.

4		TOTAL EXPENDITURES THIS PAGE			XP	L E	707	=				FORM REVISED 9.2.2011
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AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Food	Politing  Contribution	Consultants/	Administrative Advertising	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		R m	PURPOSE OF EXPENDITURE (CHECK ONE)		프유 제유	<u>2</u> €	Š			1 1		