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

JUL 0 5 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.			•
	tical Party/Ballot Affiliation	Type of Report (check	(one)
ERNEST F. PAVNE K	Real blims	Monthly	Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)	1 Journ Enw	Weekly	Amended Weekly
Efour AL Co 13d. of Ed. Dist Address Check box If reporting new address	ŧ4	For Monthly Reports Month in which the report is filed.	Ture
1001 PAYNE Rd.		For Weekly Reports	
City State ZIP Code Tele	phone Number 56-490-3719	Date of Friday in the week in which the report is filed.	
		Total Number of	
Summary of activity since last filed report	·	Pages in Report	
1 Beginning balance (ending balance from previous f	iling)		
Cash Contributions	ung/	1110	<u> </u>
2a Itemized cash contributions (total from Form 2)	2a C	` 	. [
2b Non-itemized cash contributions	2b 🔿		
2c Total cash contributions (add lines 2a and 2b)	20 ()	201	<u></u>
In-Kind Contributions	 :	[2c]	
3a Itemized in-kind contributions (total from Form 3)	3a 🖒		
3b Non-itemized in-kind contributions		<u></u>	
3c Total in-kind contributions (add lines 3a and 3b)	3b C	· ···	
Receipts from Other Sources	OC C		
4a Itemized Receipts from Other Sources (total from Fo	orm 4) 49 C	7	
4b Non-itemized Receipts from Other Sources	4b (
4c Total receipts from other sources (add lines 4a and	<u></u>	401	()
Expenditures	40/	4c	
5a Itemized expenditures (total from Form 5)	5a C		
5b Non-itemized expenditures	5b C		
5c Total expenditures (add lines 5a and 5b)	owin the contract	Contraction of the Ex	<u> </u>
6 Ending balance (add lines 1, 2c, & 4c, then subtract li	ne 5c)	5c 6	
	· · · · · · · · · · · · · · · · · · ·		
Candidates for State Office: File this report with the Office of Candidates for County or Municipal Office: File this report	v		
Candidates for County or Municipal Office: File this report	· · · · · · · · · · · · · · · · · · ·		
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the		cribed before me this	<u> </u>
attached report(s) and the information contained herein are	July of	the year $20/6$.	My commission expires
true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required	the XY da	y of Sept of the	year 2016.
information during the applicable period of time.	~ે વિ	04 7 20 2	•
Ement 7: Payne 1/9/16	Signature of Notary P	Pam Bone	
Signature of Candidate or Elected Official Date			
•	Odes Name of Street	Pam Bove	
FORM REVISED 10.27,2011	Print Notary's Name	7-5	

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

FORM 2: Contributions received by candidate or elected official

	D	O NOT LI	ST in-kind c	irce excee ontribution	od \$100.00 is or loan	0, the FCF s on this fo	'A require rm. Use	es all d Form	contrib s 3 an	oution d 4 fe	is fro or the	om th osë li	at so sting	urce s.	e to be itemized.	
CONTRIBUTOR (INCLUDE FULL NAME)	;				SOURCE OF CONTRIBUTION (CHECK ONE)											
		ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)			Business or Corporation	Individual	PAC	Offier	Returned	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION					
·																
							,	£.	***		·					
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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: 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. NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE) CONTRIBUTOR **ADDRESS** AMOUNT ; DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF Advertising STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION (mo./day/yr.) TOTAL IN-KIND CONTRIBUTIONS THIS PAGE **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



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. COMPLETE THIS BLOCK IF RECEIPT FORM RECEIPT SOURCE IS A LOAN OF RECEIPT (CHECK ONE) SOURCE OF RECEIPT ADDRESS DATE AMOUNT: (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE RECEIVED OF GUARANTORS STREET OR P.O. BOX. (mo./day/yr.) RECEIPT IFCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Loan PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] TOTAL RECEIPTS THIS PAGE **FORM REVISED 10.27.2011**

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

FORM 5: Expenditures by candidate or elected official

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NAME OF CANDIDATE (Off the program address.		. 9 1	
NAME OF CAMPIDATE	OR ELECTED OFFICIAL			
		·· <u> </u>		<u> </u>



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized. PURPOSE OF EXPENDITURE (CHECK ONE) PERSON/GROUP/BUSINESS AMOUNT ADDRESS DATE OF **QTHER** Advertising
Consultants/
Polling
Charitable
Contribution
Food (ADDRESS SHOULD INCLUDE EXPENDITURE OF RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **EXPENDITURE** GIVE (mo./day/yr.) (INCLUDE FULL NAME) BRIEF **EXPLANATION** TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011