



FORM REVISED 10.27.2011

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

MAR 0 1 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.	••
Name of Candidate or Elected Official Political Par	ty/Ballot Affiliation Type of Report (check one) Monthly Amended Monthly
(Tlenda taye / 10 xley Dem	Monthly Amended Monthly Weekly Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	n, c+ Z For Monthly Reports
Etowah County Commission Dist	Month in which the report is filed.
590 Steel Plant Lake Road	For Weekly Reports Date of Friday in the
City State ZIP Code Telephone to A 1400 na A L 35952 205 5	week in which the
	70-3986 Total Number of Pages in Report 5
Summary of activity since last filed report	
1 Beginning balance (ending balance from previous filing)	1 197.40
Cash Contributions	
2a Itemized cash contributions (total from Form 2)	2a / 000.00
2b Non-itemized cash contributions	2b
2c Total cash contributions (add lines 2a and 2b)	2c 1000
In-Kind Contributions	
3a Itemized in-kind contributions (total from Form 3)	3a <i>O</i>
3b Non-itemized in-kind contributions	3b <i>Q</i>
3c Total in-kind contributions (add lines 3a and 3b)	3c O
Receipts from Other Sources	
4a Itemized Receipts from Other Sources (total from Form 4) 4a O
4b Non-itemized Receipts from Other Sources	4b 0
4c Total receipts from other sources (add lines 4a and 4b)	4c 0
Expenditures	
5a Itemized expenditures (total from Form 5)	5a 368
5b Non-itemized expenditures	5b
5c Total expenditures (add lines 5a and 5b)	5c 34c
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5	6 839.40
Candidates for State Office: File this report with the Office of the	Secretary of State.
Candidates for County or Municipal Office: File this report with t	
· · · · · · · · · · · · · · · · · · ·	vorn to and subscribed before me thisday of
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are	March of the year 2016 . My commission expires
true and correct and that this information is a full and complete the	e 1th day of March of the year 2017
statement of all contributions, expenditures, and other required information during the applicable period of time.	
$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	Charles Cunningham
Signature of Candidate or Elected Official Date	gnature of Notary Public
January Januar	Charles Cumpingham

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

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Glenda, Fave 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 in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. SOURCE OF CONTRIBUTION (CHECK ONE) **AMOUNT** DATE **ADDRESS** CONTRIBUTOR OF CONTRIBUTION (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Business or Corporation Individual STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION (mo./day/yr.) PAC Etowah County Democratic Womens Committee ba-04-16 \$10 TOTAL CASH CONTRIBUTIONS THIS PAGE **FORM REVISED 10.27.2011**

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.

DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.										
CONTRIBUTOR	ADDDESS		NATURE OF CONTRIBUTION (CHECK ONE)			SOURCE (CHECK ONE)				
(INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administrative Advertising Consultants/	Polling Equipment Food	Rent Transportation Other	Business/ Corporation Individual PAC Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION			
		A A A	2 5	Equip	Rent Transpo	Busin Corpo Indivic PAC Other	-			
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FORM REVISED 10.27.2011		TOT	AL IN	N-KIND	CONTRI	BUTIONS TH	IS PAGE	0		

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

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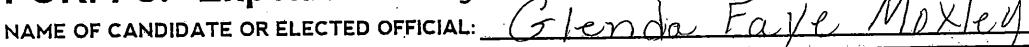
FORM 4: Receipts from Other Sources loans, interest, and other sources of income



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) **AMOUNT** DATE SOURCE OF RECEIPT **ADDRESS** OF **RECEIVED** (ADDRESS SHOULD INCLUDE GUARANTORS (INCLUDE FULL NAME) Individual RECEIPT STREET OR P.O. BOX, Business (mo./day/yr.) [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Other Other PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] TOTAL RECEIPTS THIS PAGE

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

FORM 5: Expenditures by candidate or elected official





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) **AMOUNT** DATE OF **ADDRESS** PERSON/GROUP/BUSINESS OTHER Administrative OF EXPENDITURE Consultants/ Polling Charitable Contribution (ADDRESS SHOULD INCLUDE Fundraising Loan Repayment Lodging RECEIVING EXPENDITURE **EXPENDITURE** GIVE (mo./day/yr.) STREET OR P.O. BOX, CITY, STATE, AND ZIP) (INCLUDE FULL NAME) BRIEF **EXPLANATION** Model T's 368,00 TOTAL EXPENDITURES THIS PAGE **FORM REVISED 10.27.2011**