

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

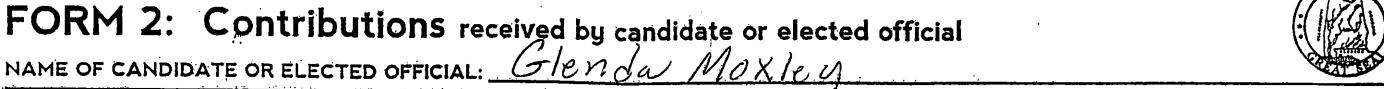
NOV 0 1 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

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Please Print in Ink or Type.		Type of Report	t (check one)			
	Ballot Affiliation	⊠ Mont		Amended Monthly		
	ocrat	✓ Wee	kly Ame	ended Weekly		
Office Sought or Held (include district or circuit number, if applicable) Fig. 1. Co. Co. M. 155100 DISTVICT	2 3	For Monthly R	eports			
Etowah Co. Commission District Address Check box if reporting new address		Month in which report is filed.		tahen		
590 Steel Plant Lake Road	,	For Weekly Re	ports	1000.		
City State ZIP Code Telephone Nu	mber 1 0 70	Date of Friday i	n the			
H/F00100 A/ 35852 255 58	week in which t report is filed.	ne				
400000000000000000000000000000000000000		Total Number				
		Pages in Repo	ort			
Summary of activity since last filed report	· · · · · · · · · · · · · · · · · · ·			27		
1 Beginning balance (ending balance from previous filing)			1 5000			
Cash Contributions			· L			
2a Itemized cash contributions (total from Form 2)	2a 750	, 00				
2b Non-itemized cash contributions	2b	· · · · · · · · · · · · · · · · · · ·				
2c Total cash contributions (add lines 2a and 2b)	<u>.</u>	•	2c 750.			
In-Kind Contributions		·				
3a Itemized in-kind contributions (total from Form 3)	3a O					
3b Non-itemized in-kind contributions	3b	<u> </u>				
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 O					
4b Non-itemized Receipts from Other Sources	4b					
4c Total receipts from other sources (add lines 4a and 4b)			4c 0	·		
Expenditures			•			
5a Itemized expenditures (total from Form 5)	5a / //	1.20				
5b Non-itemized expenditures	5b					
5c Total expenditures (add lines 5a and 5b)			5c / //////////////////////////////////			
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6 \$ 199 .6	90		
Candidates for State Office: File this report with the Office of the S	ecretary of State	9,				
Candidates for County or Municipal Office: File this report with the	e Judge of Prob	ate of the coun	ty in which the c	office is sought.		
	om to and subsc	ribed before me	this	day of		
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are	NOV_ of the	ne year 20	6 . My comi	mission expires		
	24 day	of Cen	of the year	2020		
statement of all contributions, expenditures, and other required	<u> </u>	D				
information during the applicable period of time.	Yan	pone	- 			
	nature of Notary Ru		ام ا			
Signature of Candidate or Elected Official Date	Pas	mBor				
FORM REVISED 10.27.2011	nt Notary's Name	77				

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

FORM 2: Contributions received by 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) CONTRIBUTOR **ADDRESS** DATE **AMOUNT** (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION PAC Officer (mo./day/yr.) 1 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: Green de Company de COMPANY

When total), the FCPA requires all contributions from that source to be itemized. form. Use Forms 2 and 4 for those listings.
CONTRIBUTOR (INCLUDE FULL NAME)		NATURE OF CONTRIBUTION SOURCE (CHECK ONE) (CHECK ONE)
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Administration Advertising Advertising Advertising Advertising Advertising Contraints Contraints Contraints Contraints (mo./day/yr.) Advertising Contraints Contraints (mo./day/yr.) Advertising Contraints Contraints (mo./day/yr.)
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ORM REVISED 10.27.2011		TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

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



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.

SOURCE OF RECEIPT (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	ADDDERE		FORM OF RECEIPT		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN		RECEIPT SOURCE (CHECK ONE)				DATE	AMOUNT
	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Institution	PAC	Individual	Business	Other	RECEIVED		
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RM REVISED 10.27.2011		<u></u>		.l	TOTAL REC	EIP	TS '	THI	SP	AG	Έ	

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 PERSON/GROUP/BUSINESS **ADDRESS OTHER** EXPENDITURE OF (ADDRESS SHOULD INCLUDE RECEIVING EXPENDITURE Advertising STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) **EXPENDITURE** GIVE (INCLUDE FULL NAME) **BRIEF EXPLANATION** 107/2 TOTAL EXPENDITURES THIS PAGE FORM REVISED 10.27.2011