

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED JUN 1 2 2014

	Please Print in Ink or Type.						ROBATE
Na	me of <u>Candidate</u> or Elected Official	Political Party	/Ballo	t Affiliation	Type of Repo	rt (check	cone)
	Jett Ingram	Den	۹.		Moi	nthly	Amended Monthly
Off	fice Sought or Held (include district or circuit number, if applicable)				We	ekly	Amended Weekly
Δd	dress Check box if reporting new address				For Monthly I Month in which		7
'``	1/20 C 1/ A				report is filed.	i uic	JUNE
Cit	to Pielder Ave B	T			For Weekly R Date of Friday		
Cit	State ZIP Code New Ac 35905	Telephone Nu	_	rias	week in which		
	Sicret A 15/105	0604	-1	010	report is filed. Total Number	of	
					Pages in Rep		
S	ummary of activity since last filed report						
1	Beginning balance (ending balance from previo	us filing)				1	4200
	Cash Contributions			·			
2a	Itemized cash contributions (total from Form 2)		2a	1085	<u> </u>		
2b	Non-itemized cash contributions		2b			1	
2c	Total cash contributions (add lines 2a and 2b)				,	2c	1085 8
	In-Kind Contributions		1			<u> </u>	
3a	Itemized in-kind contributions (total from Form 3	3)	3a	500		7	
3b	Non-itemized in-kind contributions		3b			1	
3c	Total in-kind contributions (add lines 3a and 3b)	:	3c	500			
	Receipts from Other Sources		ļ!			J	
4a	Itemized Receipts from Other Sources (total from	n Form 4)	4a]	
4b	Non-itemized Receipts from Other Sources		4b			<u> </u>	
4c	Total receipts from other sources (add lines 4a a	and 4b)	<u></u>			4c	
	Expenditures						
5a	Itemized expenditures (total from Form 5)		5a			7	
5b	Non-itemized expenditures		5b			4	
	Total expenditures (add lines 5a and 5b)		I.			5c	
6	Ending balance (add lines 1, 2c, & 4c, then subtra	ct line 5c)				6	1905.00
	ndidates for State Office: File this report with the Office			ary of State			, , , , , ,
	ndidates for County or Municipal Office: File this rep			•	e of the coup	v in wh	ich the office is sought
	equired by the Alabama Fair Campaign Practices Act, I here				ed before me		
we	ar or affirm to the best of my knowledge and belief that t	the h			- ^		day of
	ched report(s) and the information contained herein a and correct and that this information is a full and comple	oto //	<u>~/</u>	of the	_	7	My commission expires
	ement of all contributions, expenditures, and other requir		4	day of	<u>vojare</u>	of the	year <u>2018</u>
	mation during the applicable period of time.	ا پر ہ		$>\!\!\!<\!\!\!\!<\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	m l	乡	Mc Ser
	Jaku / Ilolrilt	// L 	iture	of Notary Public		<u> </u>	0.170
Sign	ature of Candidate of Elected Official Date			5/	0010	\mathcal{B}_{\perp}	M/ GiAIA
~~	V V	Print	Notar	y's Name			- , 0 , 707
JKM	I REVISED 9.2.2011	1 11116	. TOLAI	7 0 140HID			

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

FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: 125Car



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.

1085	IS PAGE	I	SN	OIT	IBU	TR!	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 9.2.2011
								
485.0	J+				X		Misc. Russias	Cash
2009	J'					X	314 Almet Rois Blue Griffen, Al 35921	Sesie Wears Red Goth
1500	1.				X	•	301 W. N. Ocat Red Granty A 35765	Any Robertson
500	11				~		437 Field Me Grenter AL 35965	Chesies & Brila Mergen
two o	5/18/14				X	-	2960 Folia E. We Bit, K 393	Marie Wholer
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		Ŏ N	SOURCE CONTRIBUTION (CHECK ONE)	SOURCE CONTRIBUT (CHECK ONE)		OF		CONTRIBUTOR
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ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE/ELECTED OFF

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.

\$ 500,00	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	HT S	Š]	B	쿴	Š	ॼ	文ラ	Ž	A	0		FORM REVISED 9.2.2011
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								×						
500.00	41/81/5				X			×	×				600 W. Main St. 6knwe Az 35905	The Big Chief
AMOUNT OF CONTRIBUTION	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Polling Equipment	Consultants/	Administrative Advertising	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
			SOURCE (CHECK ONE)	SO (CHE		Z	NATURE OF CONTRIBUTION (CHECK ONE)	TRIB	CON CK O	(CHE 이루	TURI	S		
			S.	sting	se lis	tho	4 to	and	ms 2	Fon	Use	orm.	DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.	

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

ICIAL

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

F OF CANDIDATE OR ELECTED OFFICIAL:	HH.	Takkon

NAME 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 Lending Institution RECEIPT SOURCE (CHECK ONE) PAC Individual Business Other DATE RECEIVED (mo./day/yr.) AMOUNT OF RECEIPT

FORM REVISED 9.2.2011

TOTAL RECEIPTS THIS PAGE

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

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 9.2.2011						Took Look	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) STREET C	
					\$	Musical Marie	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
							Administrative	
							Advertising Consultants/	
	 			<u> </u>			Polling	
OT	 						Contribution	PURPOSE OF EXPENDITURE (CHECK ONE)
AT	<u> </u>					M	Food Fundraising	3SOc
E			<u> </u>			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Loan	는 우
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ПС		<u> </u>					Transportation	TUR.
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