

Signature of Candidate or Elected Official

FORM REVISED 9.2.2011

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED NOV U 3 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type. Name of Candidate or Elected Official Type of Report (check one) Political Party/Ballot Affiliation Monthly Amended Monthly にひて Office Sought or Held (include district or circuit number, if applicable) Weekly Amended Weekly For Monthly Reports Month in which the report is filed. For Weekly Reports Date of Friday in the City Telephone Number week in which the report is filed. **Total Number of** Pages in Report Summary of activity since last filed report Beginning balance (ending balance from previous filing) Cash Contributions 2a Itemized cash contributions (total from Form 2) 2a Non-itemized cash contributions 2b Total cash contributions (add lines 2a and 2b) In-Kind Contributions 3a Itemized in-kind contributions (total from Form 3) 3a Non-itemized in-kind contributions 3b 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 Non-itemized Receipts from Other Sources 4b Total receipts from other sources (add lines 4a and 4b) 4c **Expenditures** 5a Itemized expenditures (total from Form 5) 5b l Non-itemized expenditures 5b 5c Total expenditures (add lines 5a and 5b) 5c Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) 6 101 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 the Judge of Probate of the county in which the office is sought. As required by the Alabama Fair Campaign Practices Act, I hereby Sworn to and subscribed before me this swear or affirm to the best of my knowledge and belief that the **OV** • of the year attached report(s) and the information contained herein are My commission expires true and correct and that this information is a full and complete of the year ___ day of statement of all contributions, expenditures, and other required information during the phicable period of time.

Signature of Notary Public

Print Notary's Name

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

FORM 2: 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 **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. Micon be itemized.

S. S	IS PAGE	Ħ	SNC	JT C	BL	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 9.2.2011
				.			
Sox	A/A/h	-			X	as They Dr. Catalog A 1905	Parlosk Gernhackle
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Corporation Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) so in constant of the consta	(INCLUDE FULL NAME)
		Ö	SOURCE OF CONTRIBUTION (CHECK ONE)	SOUF ONTR	၁ F C		CONTRIBUTOR
		ÿs.	IIII	11000	2	Series of wile form. Osciloning of and 4 lot glose listings.	

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

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

			î.	CONTRIBUTOR	When total contribu	NAME OF CANDIDATE OR ELECTED OFFICIAL:
			(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZI		When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings.	ED OFFICIAL:
			-UDE TE, AND ZIP)		exceed \$100.00 or loans on this	tot.
			Administrative	2	o, the	
_			Advertising Consultants/	NATURE OF CONTRIBUTION (CHECK ONE)	FCF n. Us	SON
			 Polling	RE O	A re	}
			 Equipment	OF CONTRI	quir	/
	- <u></u>		Food	ONE	es a 2 ar	
\bot		 	 Rent	LUBI	100 pd 4	
		 	 Transportation	N O	tribu for t	
			Other		ution hos	
			 Business/ Corporation	6	s fro	
			Individual	SOURCE (CHECK ONE)	m th	
			PAC	X CM	lat s	
1			 Other	!	OLIC	
			CONTRIBUTION RECEIVED (mo./day/yr.)		100.00, the FCPA requires all contributions from that source to be itemized. on this form. Use Forms 2 and 4 for those listings.	
			OF			

FORM REVISED 9.2.2011

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 sour ces of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: Lylan

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.

					(INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
					Interest Loan Other	FORM OF RECEIPT
TOTAL RECE					GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN
TOTAL RECEIPTS THIS PAGE					Lending Institution PAC Individual Business Other (mo./day/yr.)	RECEIPT SOURCE (CHECK ONE)
\$					IVED OF BY/yr.) RECEIPT	

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				leal-Ment	Sams Child	Office hear	the Cardentino	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
				340 E. Mexican Blue Colon, A	Thosoire, A	Gray welling Or Southery Kinger	Exclos, N SE!	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
				7		~		Administrative	
						V ~	, ,	Advertising Consultants/ Polling	
7								Contribution	ع ا
ATC					\nearrow			Food	PURPOSE OF EXPENDITURE (CHECK ONE)
E								Fundraising	SE O
XPE								Loan Repayment	FEX
Z								Lodging	PENC
ודנ	 						Y	Transportation	UTUF
TOTAL EXPENDITURES THIS PAGE			U	Cyps (Jees	fuel	Privaliza	Ark	OTHER GIVE BRIEF EXPLANATION	Æ
AGE				4)/(/)	16/4	J1/4/0	Aldie.	DATE OF EXPENDITURE (mo./day/yr.)	
1804.62				184	1687	138 gc	1389-15	AMOUNT OF EXPENDITURE	