NOV 07 2016



Print Form

BOBBY M JUNKINS JUDGE OF PROBATE

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

BOBBY M. JUNKINS JUDGE OF PROBATE

NOV 07 2016

	Please Print in Ink or Type.				·	Time of	Danaut (al	ook or	20)	
Name of Candidate or Elected Official Political Party/B					Worthly			_	Amended Monthly	
Johnny Grant Republicia			n				L	Amended Weekly		
	ce Sought or Held (include district or circuit number, if applicable)			<u>_</u>	,		Amended Weekly	7		
	wah County Commissioner District 2			nthly Repo			١			
Add	ress					report is	filed.	Į		_
880) Blackberry Lane					e <mark>kly Repo</mark> Friday in tl			1	
City State ZIP Code Telephone Num			nber		week in	which the		N. JASI		
Ga	dsden Al 35903					report is		į	Nov 4,2016	<u> </u>
						•	ımber of n Report	Ì		
S	ummary of activity since last filed report									
1	Beginning balance (ending balance from prev	viou	s filing)				1		339.4]
	Cash Contributions								22 (1997)	Construction of
2a	Itemized cash contributions (total from Form	2)		2a	<u> </u>					Section of the section
2b	Non-itemized cash contributions			2b					e de la companya de La companya de la co	05/05/06/05 mm
2c	Total cash contributions (add lines 2a and 2b)					2			
	In-Kind Contributions									STANSON STANSON
3a	Itemized in-kind contributions (total from Forr	n 3))	3a						Specific Page
3b	Non-itemized in-kind contributions			3b	,					William State of
3c	Total in-kind contributions (add lines 3a and 3	3b)		3c						Section of
	Receipts from Other Sources									Water Comment
4a	Itemized Receipts from Other Sources (total f	ron	r Form 4)	4a						Difference and
4b	Non-itemized Receipts from Other Sources			4b			207			o digital
4c	Total receipts from other sources (add lines 4	la a	nd 4b)		ar y sa ann an		40			
	Expenditures								naverski filozof (n. 1914) 19. juni 19. juni 19. juni 19. juni	
5a	Itemized expenditures (total from Form 5)			5a		<u>.</u>				12000 A
5b	Non-itemized expenditures			5b		SE				180
5c	Total expenditures (add lines 5a and 5b)		<u> </u>			a Paragonal de la companya de la com	5			╽
6	Ending balance (add lines 1, 2c, & 4c, then sub	otra	ct line 5c)				6		33941	
Ca	ndidates for State Office: File this report with the	Offic	ce of the Se	ecre	tary of Stat	e.				
Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.										
	equired by the Alabama Fair Campaign Practices Act, I h		· /,	my to	and subso	cribed befo	ore me th	is	day of	
	ar or affirm to the best of my knowledge and belief the			10	2) of the	he year	\sim O_{l}	/ <i>6</i> 0/	ly commission expires	ì

true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.] []1-6-16] Date Signature of Candidate or Elected Official

Swan to and subscribed before me t	his	day of
of the year	My commiss	sion expires
	Atthe year 2	0/8
$\sqrt{1 \cdot n}$	A N	10
Thou	10.11	Sy
Signature of Notary Public	1 20.	~ ^
The or 1		- (Sin/A)

Print Notary's Name

ORM REVISED 10.27.2011

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

FORM 2: Contributions received by candidate or elected official

FORM REVISED 10.27.2011



Johnny GrANT 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) CONTRIBUTOR **ADDRESS AMOUNT** DATE (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE Business or Corporation Individual PAC CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVED CONTRIBUTION Offher (mo./day/yr.) -0-

TOTAL CASH CONTRIBUTIONS THIS PAGE

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: Johnny Grant 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** DATE **AMOUNT** Administrative (INCLUDE FULL NAME) Transportation Other (ADDRESS SHOULD INCLUDE Advertising Business/ Corporation Individual CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) Equipment RECEIVED CONTRIBUTION Food (mo./day/yr.) PAC **ーロー**

TOTAL IN-KIND CONTRIBUTIONS THIS PAGE

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FORM REVISED 10.27.2011

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

FORM REVISED 10,27,2011

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



Johnny Grant 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 18 A LOAN OF RECEIPT (CHECK ONE) **AMOUNT ADDRESS** DATE SOURCE OF RECEIPT OF (ADDRESS SHOULD INCLUDE RECEIVED (INCLUDE FULL NAME) **GUARANTORS** STREET OR P.O. BOX, Individual **Business** Offher (mo./day/yr.) RECEIPT [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) Other PLETE ADDRESS OF INDIVIDUAL(S) EN-Loan 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

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17	
TO THE PROPERTY OF THE PROPERT	

NAME OF CANDIDATE OR ELECTED OFFICIAL:	JOHNNY GrANT

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 Administrative **OTHER** Advertising
Consultants/
Poling
Charitable
Contribution
Food Fundraising EXPENDITURE OF (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Loan Repayment Lodging RECEIVING EXPENDITURE EXPENDITURE (mo./day/yr.) GIVE (INCLUDE FULL NAME) BRIEF **EXPLANATION** -0-TOTAL EXPENDITURES THIS PAGE **FORM REVISED 10.27.2011**