

YONTHLY & WEEKLY

FORM REVISED 10.27.2011



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

JUL 29 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in lnk or Type.		¬ Type of Report	t (check o	ne)
Name of Candidate of Elected Official	litical Party/Ballot Affiliation	Mon		Amended Monthly
LARRY P. MEANS		→ Wee	•	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	•	For Monthly R	eports	
MAYOR - CITY OF ATTALLA, AL Address Check box if reporting new address	<u> </u>	 Month in which 		JULY
Address Check box if reporting new address	•	report is filed.	eports	
1106 6 H. St. S.W.	elenhone Number	Date of Friday	in the	
1106 6TH. St. S.W. City State ZIP Code TO ATTALLA, AL. 35954 (2)	05115 520-2014	week in which report is filed.	tne	
1411 ALLA, ML. 20107	36)000 N-1			5
		Pages in Rep	οπ ———	
Summary of activity since last filed report				77 9h
1 Beginning balance (ending balance from previou	s filing)		1 2	537.96
Cash Contributions				
2a Itemized cash contributions (total from Form 2)		200,00		
2b Non-itemized cash contributions	2b '	10		
2c Total cash contributions (add lines 2a and 2b)			2c _	2200,00
In-Kind Contributions		大型 (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3a Itemized in-kind contributions (total from Form 3)	3a			
3b Non-itemized in-kind contributions	3b			
3c Total in-kind contribution's (add lines 3a and 3b)	3c	-6-		
Receipts from Other Sources				
4a Itemized Receipts from Other Sources (total from	n Form 4) 4a 2	27.64		
4b Non-itemized Receipts from Other Sources	4b	89,57		
4c Total receipts from other sources (add lines 4a a	and 4b)		4c	317,21
Expenditures				
5a Itemized expenditures (total from Form 5)	5a 53	50.54		
5b Non-itemized expenditures	5b 2	39.57		
5c Total expenditures (add lines 5a and 5b)			5c	640.11
6 Ending balance (add lines 1, 2c, & 4c, then subtra	act line 5c)		6	2415.06
Candidates for State Office: File this report with the Offi	· -	State.		
Candidates for State Office: File this report with the Office Candidates for County or Municipal Office: File this re	port with the Judge of	Probate of the co	unty in w	which the office is sought.
	_	ubscribed before r	ne this _	Ath day of
As required by the Alabama Fair Campaign Practices Act, I her swear or affirm to the best of my knowledge and belief that	the 7./	of the year 20	16	. My commission expires
attached report(s) and the information contained nerein	ale			he year <u>2017</u>
true and correct and that this information is a full and comp statement of all contributions, expenditures, and other requ	ired the ///	uay or	<u> </u>	The state of the s
information during the applicable period of time.	. Charles	Cunninahai	72	
7/29	Signature of Nota	ary Public		
Signature of Candidate or Elected Official Date	Charles	Cunningha	T ISS	
	Print Notary's Na		416	English Control

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

FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL: LARRY MEANS

DC	ons from a single source exceed \$100.00, the FCPA requires all one on this form. Use Forms NOT LIST in-kind contributions or loans on this form. Use Forms	OF	CON	URC ITRIB CK O	E UTIO		DATE	AMOUNT	
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual	PAC	Other	Returned	CONTRIBUTION RECEIVED (mo./day/yr.)	OF CONTRIBUTION	
	P.O. BOX 3294			\ <u>\</u>			7-18-16	2,000.00	
m Coker & Assoc. obert Dillard	P.O. BOX 3294 Montgomeny, AL. 36109 2360 1ST. STREET ATTALLA, AL. 35954						7-16-16	2,000.00	
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	TOTAL CAS	L CONT	·DIF	RUT	101	NS	THIS PAGE	2,200.	

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

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



When total	elected official: al contributions from a single source exceed \$100.0 DO NOT LIST cash or loans on this	n th	e FC	PA r	equi orm:	res a s 2 a	ıll co nd 4	ntrib I for	utior thos	ns fro e list	m th ings	at so	ource	to be itemized.	
CONTRIBUTOR (INCLUDE FULL NAME)		NATURE OF CONTRIBUTION (CHECK ONE)									SOU CHEC	RCE			ALGUNIT
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)		Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
N/A															
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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



VALCT COCC	DO NOT LIST cash or in-ki	nd co	When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be item When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be item DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. COMPLETE THIS BLOCK IF RECEIPT SOURCE												
SOURCE OF RECEIPT (INCLUDE FULL NAME)			ORN RECE		IS A LOAN	R	CHE)	ECK C)NE)	.—-	DATE	AMOUNT			
	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Interest	Loan	Other	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending	PAC	Individual	Business	Other	RECEIVED (mo./day/yr.)	OF RECEIPT			
DALL & Means	1106 6TH. ST.S.W. ATTALLA, AL. 35954		~		SAME		-	<u>~</u>			7-1-16	227.4			
DON P. MENNS	1106 6TH. ST.S.W. ATTALIA, AL. 35954 1106 6Th. ST.S.W. ATTALIA, AL. 35954		V		SAME		 	V		1	7-1-16	89,5			
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												317.2			

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** Transportation PERSON/GROUP/BUSINESS **ADDRESS** OTHER Administrative OF Advertising
Consultants/
Polling
Charitable
Contribution
Food Fundraising Loan Repayment EXPENDITURE (ADDRESS SHOULD INCLUDE EXPENDITURE **GIVE** (mo./day/yr.) STREET OR P.O. BOX, CITY, STATE, AND ZIP) RECEIVING EXPENDITURE **BRIEF** (INCLUDE FULL NAME) **EXPLANATION** 508 BROAD STREET 7-2-16 550.54 SANTOS PRINTING GAdsden, AL, 35903 TOTAL EXPENDITURES THIS PAGE **FORM REVISED 10.27.2011**