MONTHLY & WEEKLY

FORM REVISED 10.27.2011



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

MAR 0 8 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.		
Name of Candidate or Elected Official ARRY Office Sought or Held (include district or circuit number, if applicable) ETOWAH Check box if reporting new address TOO DUCK SAGS RD City State ZIP Code Telephone Num ATTAMA, AM 35954 216.	For Monthly R Month in which report is filed. For Weekly Re Date of Friday week in which	Amended Monthly kly Amended Weekly eports the eports in the the
	Pages in Repo	
Summary of activity since last filed report 1 Beginning balance (ending balance from previous filing) Cash Contributions		1 1161.59
2a Itemized cash contributions (total from Form 2)	2a 🔘	
2b Non-itemized cash contributions 2c Total cash contributions (add lines 2a and 2b)	2b	2c O
In-Kind Contributions		
3a Itemized in-kind contributions (total from Form 3)	3a O	
3b Non-itemized in-kind contributions	3b Ø	
3c Total in-kind contributions (add lines 3a and 3b)	3c Ø	
Receipts from Other Sources		
4a Itemized Receipts from Other Sources (total from Form 4)	4a O	
4b Non-itemized Receipts from Other Sources	4b 0	·
4c Total receipts from other sources (add lines 4a and 4b)	,	4c
Expenditures]	
5a Itemized expenditures (total from Form 5)	5a 🖒	
5b Non-itemized expenditures	5b O	
5c Total expenditures (add lines 5a and 5b)		5c O
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6 1161.59
Candidates for State Office: File this report with the Office of the S Candidates for County or Municipal Office: File this report with the	e Judge of Probate of the cour	
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are 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.		day of

Print Notary's Name

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: 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 CONTRIBUTION OF STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION (mo./day/yr.) 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: 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. SOURCE NATURE OF CONTRIBUTION (CHECK ONE) (CHECK ONE) **AMOUNT** DATE **ADDRESS** CONTRIBUTOR Transportation Other CONTRIBUTION OF (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) Equipment CONTRIBUTION RECEIVED STREET OR P.O. BOX, CITY, STATE, AND ZIP) (mo./day/yr.) Food Rent TOTAL IN-KIND CONTRIBUTIONS THIS PAGE FORM REVISED 10.27.2011

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



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 RECEIPT SOURCE **FORM** IS A LOAN (CHECK ONE) **OF RECEIPT AMOUNT** DATE **ADDRESS** SOURCE OF RECEIPT OF REGEIVED **GUARANTORS** (ADDRESS SHOULD INCLUDE (INCLUDE FULL NAME) (mo./day/yr.) RECEIPT STREET OR P.O. BOX, [FCPA REQUIRES FULL NAME AND COM-CITY, STATE, AND ZIP) PLETE ADDRESS OF INDIVIDUAL(S) EN-Loan DORSING OR GUARANTEEING LOAN]

TOTAL RECEIPTS THIS PAGE

FORM REVISED 10.27.2011

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.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)											
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION	DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
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·													
													77.
DRM REVISED 10.27.2011,	TOTAL EXPENDITURES THIS PAGE												