



FAIR CAMPAIGN PRACTICES ACT

## FAIR CAMPAIGN PRACTICES A STATE OF ALABAMA Candidate & Elect Campaign Finance SUMMARY FORM 1 Candidate & Elected Official Campaign Finance Report

OCT 3 1 2016

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.				T of D	. /ab a ala	\		
Name of Candidate or Elected Official	Political Party/E			Type of Report	•	Amended Monthly		
Office Sought or Held (include district or circuit number, if applicable)	REPUBL	16	AN	Wee	•	Amended Weekly		
ETOWAH COUNTY COMMISSIONES  Address Check box if reporting new address	5T.	3	For Monthly R Month in which report is filed. For Weekly Re	the	10/28/2016			
City SPRINGS RD State ZIP Code	nber		Date of Friday i week in which t		101			
ATTALLA AL 35954	Di.	7574	report is filed.		10/28/2016			
				Total Number Pages in Repo		5		
Summary of activity since last filed report					,			
1 Beginning balance (ending balance from previous	us filing)				$1 \propto$	28 59.80		
Cash Contributions			·					
2a Itemized cash contributions (total from Form 2)		2a	0					
2b Non-itemized cash contributions		2b	0					
2c Total cash contributions (add lines 2a and 2b)			. –	• •	2c	0		
In-Kind Contributions			··.	·	· · · · · ·			
3a Itemized in-kind contributions (total from Form	3)	3a	150.	00				
3b Non-itemized in-kind contributions		3b	0					
3c Total in-kind contributions (add lines 3a and 3b)	3c	150	00					
Receipts from Other Sources				· · · · · · · · · · · · · · · · · · ·	•	••		
4a Itemized Receipts from Other Sources (total fro	m Form 4)	4a	0					
4b Non-itemized Receipts from Other Sources		4b		·	,	· · · · · · · · · · · · · · · · · · ·		
4c Total receipts from other sources (add lines 4a	and 4b)				4c			
Expenditures					7			
5a Itemized expenditures (total from Form 5)		5a	1500	0.00				
5b Non-itemized expenditures		5b		<u>)</u>		· · · · · · · · · · · · · · · · · · ·		
5c Total expenditures (add lines 5a and 5b)			150		5c	7500.00		
6 Ending balance (add lines 1, 2c, & 4c, then subtr	act line 5c)	<u> </u>			6	1359 80		
Candidates for State Office: File this report with the Office Candidates for State Office: File this report with the Office Candidates for State Office File this report with the Office Candidates for State Office File this report with the Office File this report w					tu in wh	aich the office is squaht		
Candidates for County or Municipal Office: File this re		-		· · · · · · · · · · · · · · · · · · ·				
As required by the Alabama Fair Campaign Practices Act, I her swear or affirm to the best of my knowledge and belief that attached report(s) and the information contained herein true and correct and that this information is a full and compatite statement of all contributions, expenditures, and other requirementary furing the applicable period of time.	t the are	IK.	Mellof th	ne year <u>201</u>	of th	3/27 day of		
Signature of Candidate or Elected Official Date		alure	of Notary Pu	blic				
		De	bra	L. Colen	nar	7		

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: LARM V. PAYME



When total contribu	itions from a single source exceed \$100.00, the FCPA requires all cont OO NOT LIST in-kind contributions or loans on this form. Use Forms 3 a	ibution	ns fro	om those	nat s listin	ource gs.	e to be itemized.		
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS		S F CO	OUR NTRI		ON	DATE	AMOUNT	
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation Individual PAC		L bem		DATE CONTRIBUTION RECEIVED (mo./day/yr.)	OF CONTRIBUTIO		
		·						- 0	
·	·								
·							`		
					,				
				-					
DRM REVISED 10.27.2011	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: LARRY VI PAYNE

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** Transportation Administrative Consultants/ Polling Business/ Corporation Individual (INCLUDE FULL NAME) (ADDRESS SHOULD INCLUDE CONTRIBUTION OF Advertising STREET OR P.O. BOX, CITY, STATE, AND ZIP) **RECEIVED** CONTRIBUTION (mo./day/yr.) Other Food Rent PAC J. HOCKAND 10/28/2016 150.00 COMMUNICATIONS TOTAL IN-KIND CONTRIBUTIONS THIS PAGE 150,00 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:



NAME OF CANDIDATE OR ELECTED OFFICIAL:

LARRY V, LAYW

When total contributions from a single source exceed \$100.00, the ECPA requires all contributions from that source to be itemized.

ST	ADDRESS		FORM OF RECEIP		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN		ECEI (CH	PT S		CE	DATE	AMOUNT
	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX.	Interest	Loan	Other	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Lending Unstitution	PAC	Individual	Business		DATE RECEIVED (mo./day/yr.)	AMOUN OF RECEIP
<u></u>					·							
M REVISED 10.27.2011					TOTAL RECE	EIP7	rs 1	ГНІ	S P	AGI	E	É

#### 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: LARRY V, PAYNO

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 PERSON/GROUP/BUSINESS **ADDRESS** Transportation Administrative **OTHER** Consultants/ Polling Charitable Contribution EXPENDITURE OF (ADDRESS SHOULD INCLUDE Fundraising RECEIVING EXPENDITURE STREET OR P.O. BOX, CITY, STATE, AND ZIP) **EXPENDITURE** GIVE (mo./day/yr.) Lodging (INCLUDE FULL NAME) BRIEF **EXPLANATION** J. HOWAND 1500.00 ads COMMUNICATIONS

**TOTAL EXPENDITURES THIS PAGE** 

1500,00

FORM REVISED 10.27.2011