

#### Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THE MICH TON OF HOME USE ONE

#### FILED OCT 2 0 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

	Please Print in Ink or Type.				
Offi	me of Candidate or Elected Official  Political Particle Sought or Held (include district or circuit number, if applicable)  Procedures Check box if reporting new address  State ZIP Code Telephone		For Month report in For We week in report in the report in	eekly Reports f Friday in the n which the	one) Amended Monthly Amended Weekly
			Pages	in Report	
S	ummary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	1569.85
	Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	250,0		
2b	Non-itemized cash contributions	2b	0		
2c	Total cash contributions (add lines 2a and 2b)		_	2c	250.00
	In-Kind Contributions			· · · · · · · · · · · · · · · · · · ·	
3а	Itemized in-kind contributions (total from Form 3)	3a	8		
3b	Non-itemized in-kind contributions	3b	D		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	0		
	Receipts from Other Sources			<del></del>	
4a	Itemized Receipts from Other Sources (total from Form	1) 4a	D		
4b	Non-itemized Receipts from Other Sources	4b	Ø		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	0
	Expenditures			<u> </u>	
5a	Itemized expenditures (total from Form 5)	5a	52320		
5b	Non-itemized expenditures	5b	D		
5c	Total expenditures (add lines 5a and 5b)			5c	52320
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5	c)		6	1296.65
Ca	ndidates for State Office: File this report with the Office of the	Secretary o	f State.		
	ndidates for County or Municipal Office: File this report with t			e county in whi	ch the office is sought.
swe: attac true state	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are and correct and that this information is a full and complete ement of all contributions, expenditures, and other required mation during the applicable period of time.	Oct	_ of the year	2014	

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: \_\_ Linda Barrett-Vousahan



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be not but ions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be not but ions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be not but ions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be not but in the source of the s to be itemized.

25000	IS PAGE	IONS TH	RIBUTI	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 10.27.2011
5000	th/th/01		<	Gadsden, AL 35901	Gregory Cusimono
300:	4/21/01			Godsden, Poly 35901	Mg. A's Anc
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	PAC Other Returned	Corporation Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) since	(INCLUDE FULL NAME)
		SOURCE OF CONTRIBUTION (CHECK ONE)	SOL OF CONT (CHEC		CONTRIBUTOR

### 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. Vinda Barrett-Vaughan

ф	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	HT	SN	TIC	IBU	VTR	50	D	눅	Z	IAT	To		ORM REVISED 10.27.2011
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AMOUNT OF CONTRIBUTION	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Corporation Individual	Business/	Other	Rent Transportation	Food	Equipment	Consultants/ Polling	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
			SOURCE (CHECK ONE)	SO (CHE		Š	витн	NTRI ONE)	市 院 院	NATURE OF CONTRIBUTION (CHECK ONE)	UTATU		· · · · · · · · · · · · · · · · · · ·	CONTRIBUTOR

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: Margher

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When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. be itemized.

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				1	-						
RECEIPT	RECEIVED (mo./day/yr.)	Other	Business	Individual	PAC	Lending Institution	GUARANTORS  [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Loan	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
	DATE		RECEIPT SOURCE (CHECK ONE)	IPT S	ECEI (CH	27	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM	of RE		SOURCE OF RECEIPT

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: DINDO COSSEST - JOUGNOS 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.

523 20	RES THIS PAGE	TOTAL EXPENDITURES			FORM REVISED 10.27.2011
			·		
52320	41/41/01		<	Centine, Au 35960	Model less Screen
AMOUNT OF EXPENDITURE	OTHER EXPENDITURE GIVE (mo./day/yr.) BRIEF EXPLANATION	Charitable Contribution  Food  Fundraising  Loan Repayment  Lodging  Transportation	Advertising Consultants/ Polling Charitable	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)  street or provided the street of the street or provided the	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		PURPOSE OF EXPENDITURE (CHECK ONE)			