



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

**FILED** 

OCT 27 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.			
Office Sought or Held (Include district or circuit number, if applicable)	emocrat  missioner	Type of Report (check  Monthly  Weekly  For Monthly Reports  Month in which the	one) Amended Monthly Amended Weekly
100 Rockview Dr State ZIP Code Telepho	one Number 4-393-305	report is filed.  For Weekly Reports  Date of Friday in the week in which the report is filed.  Total Number of	
		Pages in Report	
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous filir	ng)	1	12910,65
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a <b>&amp;</b>	7	
2b Non-itemized cash contributions	2b <b>Æ</b>	<del>}</del>	
2c Total cash contributions (add lines 2a and 2b)		2c	0
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a 🔑		
3b Non-itemized in-kind contributions	3b &		
3c Total in-kind contributions (add lines 3a and 3b)	3c 🔑		
Receipts from Other Sources		· · · · · · · · · · · · · · · · · · ·	
4a Itemized Receipts from Other Sources (total from Fore	m 4) 4a 🔷	•	
4b Non-itemized Receipts from Other Sources	4b Ø		
4c Total receipts from other sources (add lines 4a and 4l	b)	4c	Ø
Expenditures		·	
5a Itemized expenditures (total from Form 5)	5a - 67		
5b Non-itemized expenditures	5b 🔗	•	
5c Total expenditures (add lines 5a and 5b)		5c	e
6 Ending balance (add lines 1, 2c, & 4c, then subtract line	9 5c)	6	190662
Candidates for State Office: File this report with the Office of the	he Secretary of State.		
Candidates for County or Municipal Office: File this report wi			ch the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby 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.	Sworn to and subscri	year Ol8.	My commission expires
bridge Barrett Variation 11.27-14	Signature of Notary Publ	ic	
Signature of Candidate or Elected Official Date	To	eresaw	Sonos

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: DIFTON BOSSETT -Croposopy

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.

Þ	S PAGE	H	S	ŽOI.	TU§	RE	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 10.27.2011
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	Business or Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
	2	2		SOURCE OF CONTRIBUTION (CHECK ONE)	CH CON	유	ADDRESS	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: WINDOW BOSSED - VOUGNOS

When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings.

7	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	H	SN	TIC	IBU	ITR	Ö	D C	Ŝ	Z	2	10.		ORM REVISED 10.27.2011
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AMOUNT OF CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Corporation Individual	Business/	Other	Transportation	Rent	Food	Polling Equipment	Consultants/	Administrative Advertising	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX. CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		Ē T	URCI CK O	SOURCE (CHECK ONE)		Ž	ğ	NE)	NATURE OF CONTRIBUTION (CHECK ONE)	CHE OF	TUR			CONTRIBUTOR

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

### NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_ FORM 4: Receipts from Other Sources loans, interest, and other sources of income

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

FORM REVISED 10.27.2011 SOURCE OF RECEIPT (INCLUDE FULL NAME) ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Interest OF RECEIPT FORM Loan Other [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE THIS BLOCK IF RECEIPT IS A LOAN **GUARANTORS** TOTAL RECEIPTS THIS PAGE Lending Institution RECEIPT SOURCE (CHECK ONE) PAC Individual **Business** RECEIVED (mo./day/yr.) DATE RECEIPT **AMOUNT** 

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: DIDAG PASSE - VOLLADOS



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

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7	AGE	TOTAL EXPENDITURES THIS PAGE	ודוכ	Z	ΧP	Ή Γ	AT	70					FORM REVISED 10.27.2011
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AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Food	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		JRE	PURPOSE OF EXPENDITURE (CHECK ONE)	YE)		EE C	<b>1</b> $\frac{1}{8}$	7 2		7	T		PERSON/GROUD/BUGINESS
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