

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

**FILED** 

AUG 1 8 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in ink or Type.			
Name of Candidate or Elected Official Pol	litical Party/Ballot Affiliation	Type of Report (check	one)  Amended Monthly
KAYMOND (SARY Azhley	NA	Monthly Weekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	. 7		Amended Weekly
Chalsden Cify Courcil District  Address Check box if reporting new address		For Monthly Reports  Month in which the	
		report is filed.	
2618 Cliff Kond	lankana Numban	For Weekly Reports Date of Friday in the	
	S6-490-3494	week in which the report is filed.	8/22/14
		Total Number of	
		Pages in Report	
Summary of activity since last filed report			
1 Beginning balance (ending balance from previous	filing)	1 1	1,032,29
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a \$ 120	000	
2b Non-itemized cash contributions	2b ' ' <del>c</del>		00
2c Total cash contributions (add lines 2a and 2b)		2c <b>\$</b>	1,20000
In-Kind Contributions			
3a Itemized in-kind contributions (total from Form 3)	3a (	9	
3b Non-itemized in-kind contributions	3b (	2	
3c Total in-kind contributions (add lines 3a and 3b)	3c (		
Receipts from Other Sources			
4a Itemized Receipts from Other Sources (total from	Form 4) 4a	$\Diamond$	
4b Non-itemized Receipts from Other Sources	46	0	
4c Total receipts from other sources (add lines 4a an	d 4b)	4c	0
Expenditures		_	
5a Itemized expenditures (total from Form 5)	5a \$1,300	> 0°	
5b Non-itemized expenditures	5b 0		
5c Total expenditures (add lines 5a and 5b)		5c 4	\$1.300,00
6 Ending balance (add lines 1, 2c, & 4c, then subtract	t line 5c)	6 4	932,29
Candidates for State Office: File this report with the Office		0	•
Candidates for County or Municipal Office: File this repo	ort with the Judge of Prob	pate of the county in wh	nich the office is sought.
As required by the Alabama Fair, Campaign Practices Act, I hereby		cribed before me this	\O day of
swear or affirm to the best of my knowledge and belief that the	e Anniet ou		My commission expire
attached report(s) and the information contained herein are true and correct and that this information is a full and complete		of Folkewing th	
statement of all contributions, expenditures, and other require	d us to day	1.0	
information during the applicable period of time.		eree Ma	The state of
Kalmon Hey bkly 8/8/14	Signature of Notary Pu	A .	
Signature of Candidate or Elected Official Date	The W	oo Ma	PIZ V

Print Notary's Name

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

#### FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: BY HOND

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.

\$1,200,0	IIS PAGE	5 7	) N	Ţ	₹B	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 10.27.2011
					<u></u>		
				<u> </u>			
\$ 400 00	8/17/14			<del>  `</del>	×	1433 Green wood DRIVE WAY 35055	
\$ 500 00	Shelly				<b>\</b>	WIT	
#300°0	8/11/14				X	2118 Cliff Rond GALA 35964	Mana Elizabith Athles 2
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Individual	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)  so on existing the state of the	CONTRIBUTOR (INCLUDE FULL NAME)
	DATE		SOURCE OF CONTRIBUTION (CHECK ONE)	SOURCE CONTRIBUT (CHECK ONE)	(유 (오) (오)		

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

#### HELLE NAME OF CANDIDATE OR ELECTED OFFICIAL: PAU MOND GRAPH HELLE



NAME OF CANDIDATE OR ELECTED OFFICIAL: KAY MOND 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.

	THIS PAGE	3 T+	N.	TOTAL IN-KIND CONTRIBUTIONS	IB(	TR I	ÿ	D C	Ž	Z	P	07	_		FORM REVISED 10.27.2011
				<u> </u>											
						,									
							·								
							,								
						:	<del></del>								
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Equipment	Consultants/ Polling	Advertising	Administrative	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		<u>m</u>	RCE	SOURCE (CHECK ONE)	<u> </u>		NOIL	RIBU	NATURE OF CONTRIBUTION (CHECK ONE)	OF C	URE	NAT			

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

FORM 4: Receipts from Other Sources Igans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: SOURCE OF RECEIPT (INCLUDE FULL NAME) When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. OF RECEIPT Interest FORM Loan KBM MONU 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** 24/2 TOTAL RECEIPTS THIS P. Lending RECEIPT SOURCE (CHECK ONE) Institution PAC Individual Business AGE DATE
RECEIVED
(mo./day/yr.) AMOUNT OF RECEIPT

**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: MY MOND



be itemized.

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient 307 Browlst Godes ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) Administrative Advertising Consultants/ Polling Charitable Contribution PURPOSE OF EXPENDITURE (CHECK ONE) TOTAL EXPENDITURES THIS P. Food **Fundraising** Loan Repayment Lodging Transportation GIVE BRIEF EXPLANATION OTHER DATE OF EXPENDITURE AGE mo./day/yr.) **EXPENDITURE** AMOUNT

**FORM REVISED 10.27.2011**