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FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

SEP 0 2 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

	Please Print in Ink or Type.							
Na	me of Candidate or Elected Official Politic	al Party/B	allot	Affiliati	on	Type of Repo	•	<u>.</u>
	aymond Gary Hishley						nthly	Amended Monthly
1 / 1	fice Sought or Held (Include district or circuit number, if applicable)					₩ ed	•	Amended Weekly
Ad	dress Check box if reporting new address		····			For Monthly F Month in which	•	
1						report is filed.		
City	618 Cliff Road State ZIP Code Teleph	hone Num	her			For Weekly R Date of Friday		
17.	· 1 1 /1. Aure : /	, 490		,94		week in which report is filed.	the	
				, (Total Number	of	
						Pages in Rep	ort	5
S	ummary of activity since last filed report							
1	Beginning balance (ending balance from previous fili	ing)					1	932.09
	Cash Contributions						_	
2a		2	2a│					
2b	Non-itemized cash contributions	2	2b		-			
2c	Total cash contributions (add lines 2a and 2b)						2c	
	In-Kind Contributions						-	
3a	Itemized in-kind contributions (total from Form 3)	3	3a					
3b	Non-itemized in-kind contributions	3	3b					
3с	Total in-kind contributions (add lines 3a and 3b)	3	3c					
	Receipts from Other Sources						_	
4a	Itemized Receipts from Other Sources (total from For	rm 4) 4	4a					
4b	Non-itemized Receipts from Other Sources	4	4b		"			
4c	Total receipts from other sources (add lines 4a and 4	4b)			- · · · · · · · · · · · · · · · · · · ·		4c	
	Expenditures							
5a	Itemized expenditures (total from Form 5)	5	ia	I	538	. 56		
5b	Non-itemized expenditures	5	b					·
5c	Total expenditures (add lines 5a and 5b)					•	5c	538,56
6	Ending balance (add lines 1, 2c, & 4c, then subtract lin	ne 5c)					6	393,53
Ca	ndidates for State Office: File this report with the Office of t	the Sec	reta	iry of	State			
	ndidates for County or Municipal Office: File this report w					e of the coun	ty in w	hich the office is sought.
Asr	equired by the Alabama Fair Campaign Practices Act, I hereby	Sworr	ı to	and s	ubscrib	ed before me	this _	day of
	ar or affirm to the best of my knowledge and belief that the	Q	K	7	of the	_{/ear} <u>⊃</u>	14	. My commission expires
	ched report(s) and the information contained herein are and correct and that this information is a full and complete	the	(2	H	•	Folme		
	ement of all contributions, expenditures, and other required		** <u>*</u>	N N	,	A.		
z mro	mation during the applicable period of time?	/	(\supseteq	CQI	1 20	DI	
TV.	nature of Candidate or Efected Official	Signat	ure c	of Nota	ry Public	<i>X</i> .		_ \
Cigi		1		No	UF-0	M	M.	Hr.

Print Notary's Name

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: FORM 2: Contributions received by candidate or elected official

When total contributions from a single source exceed \$100.00, the FCPA' requires all contributions from that source to be DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

	IIS PAGE	S TH	ON	ITU	RIB	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 10.27.2011
		'					
		-					
				-			
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	Individual PAC	Corporation	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) sign	(INCLUDE FULL NAME)
			SOURCE OF CONTRIBUTION (CHECK ONE)	SOU	Q 3 C		CONTRIBUTOR

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

FORM 3: In-Kind Contributions received by candidate of elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: _ annon

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.

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	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	Ī	SNC	ITIC	IBU	ITR	Š	DC	X	Z	Ä	TO.	و		FORM REVISED 10.27.2011
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													<u> </u>		
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Polling Equipment	Consultants/	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		<u></u>	SOURCE (CHECK ONE)	SO!		Z	NATURE OF CONTRIBUTION (CHECK ONE)	TRIB	CK Q	(CHE (CHE	TURI				CONTRIBUTOR

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

FORM 4: Receipts from Other Sources Igans, Interest, and other sources

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 it DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

	m	ΆG	SP	I	S	EIP'	TOTAL RECEIPTS THIS PAGE		,			FORM REVISED 10.27.2011
					<u> </u>							
								ü				
OF 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]	Other	Loan	Interest	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
			RECEIPT SOURCE (CHECK ONE)	PT S	CH ECEI	<u>z</u>	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	FORM: RECE	,	ADDRESS	SOURCE OF RECEIPT

ALABAMA FAIL CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REFORT FOR CANDIDATE & ELECTED OFFICIAL

NAME OF CANDIDATE OR ELECTED OFFICIAL: FORM 5: Expenditures by candidate or elected official Imound



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

538.56	AGE &	TOTAL EXPENDITURES THIS PAGE	NDIT	(PE)		TAI	TC					FORM REVISED 10.27.2011
						-						
\$68.52	8-26	restes horants				5			(3)		301 N. 13th Street Guldon 35901	Cash
\$470,04	8-19								<		Po. Box 188 Gadader 35401	Gadaden Times
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Fundraising Loan	Food	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	PURPOSE OF EXPENDITURE (CHECK ONE)	(ONE)	E OF I	POS	PUF					