

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

AUG 18 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.		Type of Report (check	one)
Name of Candidate or Elected Official Poli	tical Party/Ballot Affiliation	Mopthly	Amended Monthly
Kôhent HVERY		Weekly	Amended Weekly
Office Sought or Held (Include district or circuit number, if applicable)		For Monthly Reports	
Address Check box if reporting new address		Month in which the	
		report is filed. For Weekly Reports	
7/0 (NeStView DN	lephone Number	Date of Friday in the	AUG 9-15
The state of the s	K1547.5158	week in which the report is filed.	2014
GADSJEN AL. 33/01 12		Total Number of	
		Pages in Report	
Summary of activity since last filed report			211 27
1 Beginning balance (ending balance from previous	s filing)	11	3/1.37
Cash Contributions			
2a Itemized cash contributions (total from Form 2)	2a		
2b Non-itemized cash contributions	2b		
2c Total cash contributions (add lines 2a and 2b)		2c	$\overline{}$
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	Form 4) 4a		
4b Non-itemized Receipts from Other Sources	4b		7000
4c Total receipts from other sources (add lines 4a a	ind 4b)	4c	500
Expenditures			
5a Itemized expenditures (total from Form 5)	5a		
5b Non-itemized expenditures	5b		1100
5c Total expenditures (add lines 5a and 5b)		5c	61000
6 Ending balance (add lines 1, 2c, & 4c, then subtra	ct line 5c)	6	201.37
C. Listans for State Office: File this report with the Offi	ce of the Secretary of S	State.	
Candidates for County or Municipal Office: File this re	nort with the Judge of I	Probate of the county in	which the office is sought.
As required by the Alabama Fair Campaign Practices Act, I her		ubscribed before me this	day of
swear or affirm to the best of my knowledge and belief that	the Aua.	of the year 2014	My commission expires
attached report(s) and the information contained herein true and correct and that this information is a full and comp	are ()	day of March of	the year 2017
statement of all contributions, expenditures, and other requi			
Information guring the applicable period of time.	Jua Doa	Nelson	
Signature of Candidate of Elected Official Date	Signature of Nota	ry Public	
Signature of Candidate or Elected Official Date	I Iva M	Melson iny Public Velson	

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: Obent



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.

8	IIS PAGE	S TH	S S S	Ĭ	R B	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 9.2.2011
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Corporation Individual	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) sision Butters ADDRESS SHOULD INCLUDE To the state of	(INCLUDE FULL NAME)
ł		_	ONE)	新 SOUT R SOUT R SOUT R	SOURCE OF CONTRIBUTION (CHECK ONE)		

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: Kobaut

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.

0	IND CONTRIBUTIONS THIS PAGE	TOTAL IN-KIND CO		FORM REVISED 9.2.2011
		*		
OF	Food Rent Transportation Other Business/ Corporation Individual PAC Other CONTRIBUTION (mo./day/yr.)	Advertising Consultants/ Polling Equipment	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) attitudes the control of the contr	CONTRIBUTOR (INCLUDE FULL NAME)
	SOURCE (CHECK ONE)	NATURE OF CONTRIBUTION (CHECK ONE)		
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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: KOBENT 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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

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145000	2-14.1445	T	+7	+	 				<	~	DASSLEN, Al 35901	Robert Avery
CEIPT	RECEIVED (mo./day/yr.)	Business Other	Individual	<u> </u>	Institution PAC	Lending	GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	Other	Loan	Interest	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF RECEIPT (INCLUDE FULL NAME)
		CE	CEIPT SOUR (CHECK ONE)	돌 면 무	REC C		COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	PT	FORM OF RECEIPT	OF F		
				gs.	ISTIN	nose III	DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.	utions	ntrib	nd cc	DO NOT LIST cash or in-kir	

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: About HUERY

NAME OF CANDIDATE OR ELECTED OFFICIAL:

REPORTER NEWSPARAY Betty Kinby PERSON/GROUP/BUSITESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) Cos Chestaut St Cadsden, III. 35901 Administrative Advertising Polling Contribution PURPOSE OF EXPENDITURE (CHECK ONE) TOTAL EXPENDITURES THIS PAGE Food **Fundraising** Loan Repayment Lodging Transportation GIVE BRIEF EXPLANATION The Shirt 8-141 pt OTHER EXPENDITURE (mo./day/yr.) Q-13-14 34 DATE OF EXPENDITURE **AMOUNT**

FORM REVISED 9.2.2011