### MONTHLY & WEEKLY



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

**FILED** 

AUG 1 1 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Please Print in Ink or Type.		Type of Report (check o	one)
Name of Candidate or Elected Official	Political Party/Ballot Affiliation NON-PARE:	Monthly	Amended Monthly
Kohent Avery	NON- ANIG	Weekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)		For Monthly Reports	
Address		Month in which the report is filed.	
•		For Weekly Reports	1199" - 11
7/0 Chestliew IR. State ZIP Code	Telephorie Number	Date of Friday in the week in which the	HU430-14
CITY A/ 35901	254547-505	report is filed.	709,8
6A43CON 110		Total Number of Pages in Report	
Summary of activity since last filed report	oue filing)	1	77.36
1 Beginning balance (ending balance from previ	ous ming/	<u> </u>	
Cash Contributions	20 5	M 60	
2a Itemized cash contributions (total from Form 2		00	
2b Non-itemized cash contributions	2b	20	51100
2c Total cash contributions (add lines 2a and 2b)		20	
In-Kind Contributions	0) 20		
3a Itemized in-kind contributions (total from Form		111	
3b Non-itemized in-kind contributions	3b	4 Ft	
3c Total in-kind contributions (add lines 3a and 3	b) 3c / V		
Receipts from Other Sources		1 11	
4a Itemized Receipts from Other Sources (total fr	rom Form 4) 4a	V//	
4b Non-itemized Receipts from Other Sources	4b /	10	
4c Total receipts from other sources (add lines 4	a and 4b)	4c	
Expenditures		12 99	
5a Itemized expenditures (total from Form 5)	5a 2	65	
5b Non-itemized expenditures	5b	50	2/5 99
5c Total expenditures (add lines 5a and 5b)		5c 6	211 37
6 Ending balance (add lines 1, 2c, & 4c, then sub			511
Candidates for State Office: File this report with the	Office of the Secretary of S	tate.	which the office is sought
Candidates for State Office: File this report with the Candidates for County or Municipal Office: File this	report with the Judge of F	Tobale of the county in the	Mich the office is sought.
As saguired by the Alabama Fair Campaign Practices Act, I	Cwarn to and SU	hacribed before me this	uay or
swear or affirm to the best of my knowledge and belief the attached report(s) and the information contained here	in are Aug.	of the year <u>a014</u>	. My commission expires
true and correct and that this information is a full and col	the <b>Lo</b>	day of March of	the year
statement of all contributions, expenditures, and other reinformation during the applicable period of time.	eduli ed	1.140-	l
	11-14 Signature of Notar	PUBLIC	
Signature of Candidate of Elected Official Date	Iva Ne	Ison	1
Signature of Canadata of Lives	IVa Ne	, , , , , , , , , , , , , , , , , , ,	

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

Mobert IVell

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 DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. be itemized.

566	IIS PAGE	)NS TH	UTIC	RIB	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 10.27.2011
500	41-9-8			~	GAd Sileau AL 35961	Robert AVERY
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Other Returned	PAC	Corporation Individual	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		SOURCE OF CONTRIBUTION (CHECK ONE)	SOURC ONTRIE HECK O	OF C(		

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

	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	TT S	O Z	IT	RIB	I Z	00	N D	초	Z	ΙĀ	0									FORM REVISED 10.27.2011	FORM REVIS
								<del> </del>				-				1						
					-	<del> </del>	-	<del>                                     </del>														
						1						<del>                                     </del>	1	1								
			<del>                                     </del>		1		<del>                                     </del>			1	1	<del>\</del>			<u> </u>							
										1										į		
						<del>                                     </del>						<del>                                     </del>						•				
												<u></u>										
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Polling Equipment	Consultants/	Advertising	Administrative	ND ZIP)	ATE, AI	ESS JLD INC JTY, STJ	S SHOU BOX, C	DDRESSOR P.O. I	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND		CONTRIBUTOR (INCLUDE FULL NAME)	CO (INCLL
AMOUNT	DATE		RCE	SOURCE (CHECK ONE)	<u> </u>	2	NATURE OF CONTRIBUTION (CHECK ONE)	「RIBI	CK ON	: <b>OF</b> ( (CHE)	TURE	N P:			!							

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

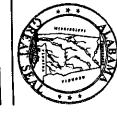
NAME OF CANDIDATE OR ELECTED OFFICIAL: \_ Nant

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.

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

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

### NAME OF CANDIDATE OR ELECTED OFFICIAL: KOBENT HYER



265 -	PAGE	TOTAL EXPENDITURES THIS	NDI.	PE	EX	TAL	To			ı	7.2011	FORM REVISED 10.27.2011
64					-							
									,			
265 4	41-9-8	Ad						,	-		er 408 Broad St 1000 CAdsdew /AUJ-35611	MESSENGER Nonspaper
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER  GIVE BRIEF EXPLANATION	Transportation	Lodging	Loan Repayment	Fundraising	Contribution Food	Polling Charitable Contribution	Advertising Consultants/	Advertising	ADDRESS  (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	EXPENDITURE X ONE)	XPEP ONE)	CHECK ONE)	OSE	PURPOSE OF (CHEC					
<u></u>	ent be itemized.	res to that recipient be	nditui	xpei	all e	ires	equ	PA I	FC.	, the	When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures	When