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

**FILED** 

APR 02 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

		Please Print in In	nk or Type.						
1	ne of Candidate or Elected Official ssell Allen Jones			Political Party/ Republicar		ation	Type of Report		Amended Monthly
ł	ce Sought or Held (include district or owah County Sheriff	circuit number, if	applicable)	<b>.</b>			For Monthly R	•	Amended Weekly
Add	Iress Check box if reporting nea	n address					Month in which report is filed.	the	
479	Tomcat Road						For Weekly Re	-	
City Pie	edmont	State AL	ZIP Code 36272	Telephone Nu (256) 492-			Date of Friday i week in which the report is filed.		
							Total Number Pages in Repo		
S	ummary of activity sir	ice last file	d report						
1	Beginning balance (end	ling balance	from previo	ous filing)				1	<b>\$-4</b> ,230.45
	Cash Contributions							<b></b>	
2a	Itemized cash contribut	ions (total fr	om Form 2)		2a	· · · · · · · · · · · · · · · · · · ·	\$0.00		
2b	Non-itemized cash con	tributions			2b		\$0.00		
2c	Total cash contributions	(add lines	2a and 2b)					2c	\$0.00
	In-Kind Contributions								
3a	Itemized in-kind contrib	utions (total	from Form	3)	3a		\$0.00		
3b	Non-itemized in-kind co	ntributions			3b		\$0.00		
3c	Total in-kind contributio	ns (add line:	s 3a and 3b	)	3c		\$0.00		
	Receipts from Other S	ources						-	
4a	Itemized Receipts from	Other Source	es (total fro	m Form 4)	4a	····	\$0.00		
4b	Non-itemized Receipts	from Other (	Sources		4b		\$0.00		
4c	Total receipts from other	r sources (a	dd lines 4a	and 4b)				4c	\$0.00
	Expenditures							_	
5a	Itemized expenditures	total from F	orm 5)		5a		\$422.88		
5b	Non-itemized expenditu	ıres			5b		\$20.00		
5c	Total expenditures (add	lines 5a an	d 5b)					5c	<b>\$442.88</b>
6	Ending balance (add line	≈ 1, 2c, & 4c	, then subtr	act line 5c)				6	<b>\$-4</b> ,673.33
	ndidates for State Office: ndidates for County or Mi						ite of the pount		n on the office is sought
swe atta true stat	equired by the Alabama Fair Coar or affirm to the best of months and the infection correct and that this interpretation during the applicable	y knowledge a ormation contr formation is a expenditures, a	and belief that ained herein full and comp nd other requ	the are helper the	(34v	of the	e year <u>So</u> of <u>Soon</u>	L of th	day of
Sign	nature of Candidate or Elected Of	ficial	Date	71 P	<del></del>	<i>y</i> . <del></del>			

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: Russell Allen Jones **FORM REVISED 10.27.2011** CONTRIBUTOR (INCLUDE FULL NAME) Z > 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. ADDRESS

(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL CASH CONTRIBUTIONS THIS PAGE Business or SOURCE OF CONTRIBUTION (CHECK ONE) Corporation Individual PAC Other Returned CONTRIBUTION (mo./day/yr.) RECEIVED DATE OF CONTRIBUTION AMOUNT

#### 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: Russell Allen Jones



	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	7	SNC	5	BU.	2	L N	) ()	Z	Z X	=	ATC	ᅻ		ORM REVISED 10.27.2011
															N/A
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)	CONTRIBUTOR (INCLUDE FULL NAME)
		E)	SOURCE (CHECK ONE)	SOU HECT	Ĉ.,		Ŏ	BUT	ONE TR	HICK CX	NATURE OF CONTRIBUTION (CHECK ONE)	UTA.			
	\$100.00, the FCPA requires all contributions from that source to be itemized. on this form. Use Forms 2 and 4 for those listings.	Sono	at sc	m th	all contributions from the and 4 for those listings.	tion:	itribu	10 PG	es a 2 ar	requires	PA n	e FCP/ n. Use	0, the	When total contributions from a single source exceed \$100.00, the l	When total

#### 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: Russell Allen Jones

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

	m	γAG	S	로	TS	Ë	TOTAL RECEIPTS THIS PAGE					FORM REVISED 10.27.2011
												N/A
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)
	7 2 1 1	Cm	RECEIPT SOURCE (CHECK ONE)	PT S	(CH.	Z.	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	FOR	9_		

## 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: Russell Allen Jones



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

\$422.88	PAGE	TOTAL EXPENDITURES THIS PAGE	ND	EXPE	ÄL I	<b>T01</b>					FORM REVISED 10.27.2011
\$422.88	Mar 12, 2014	Printing						×		101 Sims Street, Glencoe, AL 35905	Glencoe Printing Company
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Loan Repayment Lodging	Fundraising	Contribution Food	Polling Charitable Contribution	Advertising Consultants/	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		JR.	PURPOSE OF EXPENDITURE (CHECK ONE)	CK ON	3HO) O 198C	Ç <sub>R</sub>					