### MONTHLY & WEEKLY



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

### FILED

NOV 0 3 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

		JUDO	SE OF PROBATE
Please Print in Ink or Type.		Type of Report (check	one)
Name of Candidate or Elected Official Political F	Party/Ballot Affiliation	Monthly	Amended Monthly
In MI SCATE SCA	<u> </u>	Weekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	Diet 6	For Monthly Reports	
Address Check box if reporting new address		Month in which the report is filed.	
10/1/1/1/1/		For Weekly Reports	
City State, ZIP Code Telephor	ne Number	Date of Friday in the week in which the	11. 2-14
ansle 1 1. 3590 250	1.4142/5	report is filed.	
		Total Number of Pages in Report	6
Summary of activity since last filed report			112.5-11
1 Beginning balance (ending balance from previous filin	g)	[1].	4743-4
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]	
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			
4b Non-itemized Receipts from Other Sources	4b		
4c Total receipts from other sources (add lines 4a and 4	b)	[4c]	
Expenditures			
5a Itemized expenditures (total from Form 5)	5a		
5b Non-itemized expenditures	5b		
5c Total expenditures (add lines 5a and 5b)		5c	
6 Ending balance (add lines 1, 2c, & 4c, then subtract line	e 5c)	6	1943.6/
Candidates for State Office: File this report with the Office of t	the Secretary of S	tate.	
Candidates for County or Municipal Office: File this report w	ith the Judge of Pi	robate of the county in v	which the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby	Sworn to and sub	oscribed before me this	day of
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are	11000	of the year $\frac{\alpha (1)}{\alpha}$	. My commission expires
true and correct and that this information is a full and complete	the <u>22</u> d	lay of // arcor	he yearXU/X
statement of all contributions, expenditures, and other required	· , , , , ,	Adai B	Mc Senne
information during the applicable period of time.	,	Deblie 2	2000
Signature of Candidate or Elected Official Date	Signature of Notary	Lap B.	MIGNALS
Signature of Candidate of President Smoth		11CKI N	

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: When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to

be itemized.

FORM REVISED 10.27.2011 CONTRIBUTOR (INCLUDE FULL NAME) 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 RECEIVED (mo./day/yr.) DATE CONTRIBUTION AMOUNT

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

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_

	THIS PAGE	量量	ŠŠ	OIL	BU	₽	LN L	Ο		<del> </del>   <del> </del>	TOTAL IN-KIND CONTRIBUTIONS	710	<b>-</b>		FORM REVISED 10.27.2011
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						1									
CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Corporation	Other Business/	Transportation	Rent	Food	Equipment	Consultants/ Polling	Advertising	Administrative	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	<b>CONTRIBUTOR</b> (INCLUDE FULL NAME)
		)	SOURCE (CHECK ONE)	inck	Q <b>Q</b>		Ö	BUT	NTRI ONE)	F CO	NATURE OF CONTRIBUTION (CHECK ONE)	NATI			
	\$100.00, the FCPA requires all contributions from that source to be itemized. on this form. Use Forms 2 and 4 for those listings.	urce	at so	n tha ngs.	i fron listii	tions 10se	for th	con	es all contributions from the 2 and 4 for those listings.	A require Forms	CPA re	e FC n. ∪	0, the f form.	When total contributions from a single source exceed \$100.00 <b>DO NOT LIST</b> cash or loans on this	Whe

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

### FORM 4: Receipts from Other Sources loaps, interest, and other source es of income

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 itemized

FORM REVISED 10.27.2011 SOURCE OF RECEIPT (INCLUDE FULL NAME) (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. **ADDRESS** OF RECEIPT Interest Loan 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** TOTAL RECEIPTS THIS Lending RECEIPT SOURCE Institution PAC (CHECK ONE) Individual **Business** PAGE Other (mo./day/yr.) RECEIVED DATE **AMOUNT** RECEIPT

### FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL:



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

	AGE	TOTAL EXPENDITURES THIS PAGE	NDIT	XPE	    -	7.10	7	Ė				FORM REVISED 10.27.2011
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				<b>\</b>								
							7					
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Loan Repayment Lodging	Fundraising	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)	CHECK ONE)	SE O	RPC	چ					