**40NTHLY & WEEKLY** 



#### **FILED**

#### Candidate & Elected Official SEP 3 0 2014 Campaign Finance Report SUMMARY FORM 1

NOBBY M. JUNKINS SOBRTE

**2Eb 30 5014** 

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Please Print in Ink or Type.  Political Party/B	Ballot Affiliation Type of Report (check one)
Name of Candidate or Elected Official	Monthly Amended Monthly
Office Sought or Held (include district or circuit number, if applicable)	Weekly Amended Weekly
Office Sought or Held (Invide district of Circuit Hamber, it approach)	For Monthly Reports
Address Check box if reporting new address	Month in which the report is filed.
101 Telas //n	For Weekly Reports
City State ZIP Code Telephone Nun	Date of Friday in the
Jalola 11 256.4	Sport is filed.
	Total Number of Pages in Report
a sectivity since last filed report	
Summary of activity since last filed report	12194.41
1 Beginning balance (ending balance from previous filing)	
Cash Contributions	2a 2850-60
2a Itemized cash contributions (total from Form 2)	
2b Non-itemized cash contributions	2b 2c <b>2850-10</b>
2c Total cash contributions (add lines 2a and 2b)	20 20 3000
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
4c Total receipts from other sources (add lines 4a and 4b)	4c
Expenditures	
5a Itemized expenditures (total from Form 5)	5a 348-80
5b Non-itemized expenditures	5b
5c Total expenditures (add lines 5a and 5b)	5c 348-80
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c	6 4693-61
Candidates for State Office: File this report with the Office of the S	
a wiles a few County or Municipal Office. File this report with the	he Judge of Probate of the county in which the office to eday
	vorn to and subscribed before me this day of
swear or affirm to the best of my knowledge and belief that the	of the year My commission expir
attached report(s) and the information contained herein are	Cally The sethernor - MIR
true and correct and that this information is a full and complete the statement of all contributions, expendit res, and other required	e day of of the year
information during the applicable period of time.	Const W mondi.
	ignature of Notary Public

Date

Print Notary's Name

Signature of Candidate or Elected Official

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.

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

**FORM REVISED 10.27.2011** CONTRIBUTOR (INCLUDE FULL NAME) ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) TOTAL CASH CONTRIBUTIONS THIS PAGE Business or OF CONTRIBUTION (CHECK ONE) Corporation Individual SOURCE PAC Other Returned CONTRIBUTION RECEIVED 7.0 (mo./day/yr.) DATE CONTRIBUTION **AMOUNT** 

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

### FORM 3: In-Kind 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. **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings.

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OF 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)
AMOUNT	DATE		SOURCE (CHECK ONE)	SOU HECH	(C)		NOI	) Tuali	ONE	) <b>F C(</b>	NATURE OF CONTRIBUTION (CHECK ONE)	UTAV			
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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

boots

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

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				9		
				<b>-</b>		
	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)
AMOUNT	DATE	RECEIPT SOURCE (CHECK ONE)	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	FORM COMPLETE THIS BLOCK OF RECEIPT OF RECEIPT	

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

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



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

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10%	95.14							Contract or 29	Marcae Signs
1740	N.A.K							and they suggested	in mon & Sign's
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Repayment Lodging Transportation	Fundraising Loan	Charitable Contribution Food	Consultants/ Polling	Advertising	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)  string tive Address  ADDRESS  e  tive ative Address  ADDRESS	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		, אל היים 	(CHECK ONE)	(CHECK					