

FORM REVISED 10.27.2011



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

Please Print in Ink or Type.					
Name of Candidate or Elected Official Political Pa	arty/Ballot Affiliation	Type of Report		e) Amended	d Monthly
Office Sought or Held (include district or circuit number, if applicable)		Wee	kly	Amended	l Weekly
Address Check box if reporting new address	26	For Monthly R Month in which report is filed.	-		1
370 april Iera Da	!	For Weekly Re	ــ Pports آ		
City State ZIP Code Telephone	Number 7 -4717	Date of Friday i week in which t report is filed.	in the	5-16	,-14
	<u> </u>	Total Number	-		
		Pages in Repo	rt		
Summary of activity since last filed report					
1 Beginning balance (ending balance from previous filing))		1 - 1	307.	<u>6</u>
Cash Contributions			-		
2a Itemized cash contributions (total from Form 2)	2a	0			
2b Non-itemized cash contributions	2b	0			
2c Total cash contributions (add lines 2a and 2b)			2c		0
In-Kind Contributions					
3a Itemized in-kind contributions (total from Form 3)	3a	6			
3b Non-itemized in-kind contributions	3b	6			
3c Total in-kind contributions (add lines 3a and 3b)	3c	6	1.		
Receipts from Other Sources			1		
4a Itemized Receipts from Other Sources (total from Form	4) 4a	0			
4b Non-itemized Receipts from Other Sources	4b	0			100 mm
4c Total receipts from other sources (add lines 4a and 4b)		_	4c		6
Expenditures			_		
5a Itemized expenditures (total from Form 5)	5a	45.24			
5b Non-itemized expenditures	5b	0			
5c Total expenditures (add lines 5a and 5b)			5c	45.	24
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5	ic)		6+13	52.3	34
Candidates for State Office: File this report with the Office of the	Secretary of Sta	te.			
Candidates for County or Municipal Office: File this report with			ty in which	the office	is sought.
	worn to and subs	cribed before me	this	94	day of
swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are —	<i>May_</i> of t	the year <u>2014</u>	<u>/</u> . M	y commissi	on expires
true and correct and that this information is a full and complete th	ne / 2/ day	y of June	of the y	ear 20	15
statement of all contributions, expenditures, and other required information during the applicable period of time.	_	,			· · · ·
Drill VI L 1, 2,5 50 L	bellia	Celema	<u>en</u>		
Signature of Candidate or Elected Official Date	Signature of Notary Po				
	DebR	a Celeina	7/1		

Print Notary's Name

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

FORM 2: Contributions received by candidate or elected official



NAME OF CANDIDATE OR ELECTED OFFICIAL:

FORM REVISED 10.27.2011 CONTRIBUTOR (INCLUDE FULL NAME) 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** Business or Corporation SOURCE
OF CONTRIBUTION
(CHECK ONE) Individual PAC Other Returned CONTRIBUTION RECEIVED PAGE (mo./day/yr.) DATE 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: _

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.

FORM REVISED 10.27.2011							(INCLUDE FULL NAME)	
							ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
 =				·	:		Administrative	
19							Advertising	NATURE OF CONTRIBUTION (CHECK ONE)
							Consultants/ Polling	URE (
Ī			<u></u>			:	Equipment	OF C
Î	<u> </u>			,			Food	XONT
						.	Rent	'RIBI
ğ							Transportation	JTIO
							Other	Z
BI							Business/	
							Corporation Individual	SC SC
2				**************************************			PAC	SOURCE (CHECK ONE)
ST		 			 		Other	Ž
Ĭ		<u> </u>			 ***		l	
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE							DATE CONTRIBUTION RECEIVED (mo./day/yr.)	
							OF CONTRIBUTION	

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:

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.

	m	ΆG	IS F	I	ST	EIP.	TOTAL RECEIPTS THIS PAGE					FORM REVISED 10.27.2011
								:				
				· · · · · · · · · · · · · · · · · · ·								
•												
			•									
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		RECEIPT SOURCE (CHECK ONE)	ECK C	(CHE ICEI	곴	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	FORM OF RECEIPT	FORM	유_		

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. Jonnac L

	PAGE	TOTAL EXPENDITURES THIS PAGE	ND	PE	Ē	TA!	0.1					FORM REVISED 10.27.2011
												
\$ 45.24	5/14/14								メ		5 1569 Com Band 62 S	Patterson Business Tours
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Loan	Food Fundraising	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)
	E-1406-184	RE	PURPOSE OF EXPENDITURE (CHECK ONE)	XPEI	光 元 子 元 子 に 子 に 子 に る り り り り り り り り り り り り り り り り り り	Posi	PUR					