

FAIR CAMPAIGN PRACTICES ACT STATE OF ALABAMA

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

FILED

SEP 03 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

								11 L	
	Please Prin	it in lnk or Type.							
Name of Candidate or Ele	ected Official		Political Party	/Ballot	Affiliation	Type of Rep	•	<u> </u>	
Todd Entrekin			Republica	n		✓ N	lonthly	Amended Month	ıly
•	clude district or circuit numb	per, if applicable)				v	Veekly	Amended Week	ly
Etowah County S						For Month! Month in wh		Aug 2014	
	if reporting new address				İ	report is file		Aug 2014	
530 Smith Rd		 				For Weekly Date of Frid	•		
City Gadsden	State Al	ZIP Code 35903	Telephone Nu 256-492-5			week in whi	ch the		
		0000	200-452-0	143		report is filed			
						Pages in Re			
Summary of ac	ctivity since last	filed report							
1 Beginning bal	ance (ending bala	nce from previo	ous filing)	144.73			11	31801.	.88
Cash Contribu	utions								
2a Itemized cash	contributions (total	al from Form 2)		2a	aga kang panakan kang meneralah kang bera	500) .		
Non-itemized	cash contributions	S		2b			0		
2c Total cash cor	ntributions (add lin	es 2a and 2b)					2c	500.	.00
In-Kind Contri	ibutions								
3a Itemized in-kir	nd contributions (to	otal from Form	3)	3a	en e	<u> </u>	0		
Bb Non-itemized	in-kind contributio	ns	,	3b			0		
3c Total in-kind c	ontributions (add l	ines 3a and 3b)		3с		-()- 		
Receipts from	Other Sources								
la Itemized Rece	eipts from Other So	ources (total fro	m Form 4)	4a	<u> Arminan de Amerikana da Amerikan</u>	<u> </u>			: .
b Non-itemized	Receipts from Oth	er Sources		4b		· · · · · · · · · · · · · · · · · · ·	0		
C Total receipts	from other source	s (add lines 4a	and 4b)				4c		-0-
Expenditures	· , , , , , , , , , , , , , , , , , , ,	***************************************	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·		
a Itemized expe	enditures (total fror	n Form 5)		5a	<u> </u>		0		
b Non-itemized	expenditures	\$	<u> </u>	5b		<u>, , , , , , , , , , , , , , , , , , , </u>	0		
Total expendit	tures (add lines 5a	and 5b)					5c	.,	0
6 Ending balanc	e (add lines 1, 2c, 8	& 4c, then subtra	act line 5c)				6	31301.	88
Candidates for Sta	ite Office: File this c	eport with the Offi	ice of the S	فنوروي	an of State		··············		
	unty or Municipal C						anty in <u>w</u> n	nich the office is souch	ght.
	bama Fair Campaign I					bed before n		3 day of	
wear or affirm to the	best of my knowled	ge and belief that	the	0	/	year 20	n 11 F	My commi <u>ssi</u> on exp	inde
• • •	nd the information of that this information i		lata.	2		<i>71</i> 1	<i>(1</i>)))
tatement of all contri	ibutions, expenditure	s, and other requi	1110	<u> </u>	day o	1 1 .	North	e year	-· •
nformation during the	applicable period of	time.	1			Yeu	B	· ON An	بسر
lood to	heper	9/2/1	4 Sign	ature (of Notary Publ	ie	•	2 200	
Signature of Candidate of	or Elected Official	D'ate /	-		\preceq	LOR	1 /2). 1116-i	NA
		•	<u> </u>			7 <u>e</u> k			

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: Todd Entrekin



When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. to be itemized.

					i		
CONTRIBUTOR		OF C	OF CONTRIBUTION (CHECK ONE)	ONE)	9		
(INCLUDE FULL NAME)	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation	Individual PAC	Other	Returned	CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
The Hollar Comp	Gadsden, Al 35901	×				08/31/2014	500.00
FORM REVISED 10.27.2011	TOTAL CASH CONTRIBUTIONS THIS	RIBI	JTIC	S	표	S PAGE	500.00

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.

	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE	H	S	ITRIBUTIONS TI	BU.	코	8	C		Z		ZTC	٦		ORM REVISED 10.27.2011
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									,						
AMOUNT OF CONTRIBUTION	DATE CONTRIBUTION RECEIVED (mo./day/yr.)	Other	PAC	Individual	Business/ Corporation	Other	Transportation	Rent	Food	Equipment	Consultants/ Polling	Advertising	Administrative	(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(INCLUDE FULL NAME)
		<u>m</u>	JRCE K ON	SOURCE (CHECK ONE)	(2)	_	JTIOI	RIB(NATURE OF CONTRIBUTION (CHECK ONE)	OF C	URE	N A			CONTRIBUTOR

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.

		AGE	SP	 	S.	EIP]	TOTAL RECEIPTS THIS PAGE					FORM REVISED 10.27.2011
				-								
		,										
		; 										
AMOUNT OF 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)
			RECEIPT SOURCE (CHECK ONE)	CEIPT SOUR	HO)	<u>70</u>	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN	ORM	FORM	우 F	> DO 00 00 00 00 00 00 00 00 00 00 00 00 00	
				۱	Shin	011	Soft and form. Ooch offine E and o for alload listings.					

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:



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

	PAGE	TOTAL EXPENDITURES THIS PAGE	ND I	PE	<u>ה</u>	ATC	ᅻ					FORM REVISED 10.27.2011
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AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Fundraising Loan	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)
		JRE	NDIT(EXPE	PURPOSE OF EXPENDITURE (CHECK ONE)	RPOS	P					