THIS AREA FOR OFFICIAL USE ONLY

ONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED

AUG 14 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

	Please Print in Ink or Type.				
Name	Ma / Mala-	/Ballot Affiliation	Type of Report Mont		Amended Monthly
Office	Sought or Held (include districtor circuit number if applicable)	**************************************	Weel	•	Amended Weekly
6	adden Con Council Distract 2		For Monthly Re	ports	
Addre			Month in which report is filed.	the	July
1	D Box 833 2		For Weekly Re	•	
City	Backsam AL 35102 Telephone No	umber	Date of Friday in week in which the report is filed.		
			Total Number of Pages in Repo		n
Su	mmary of activity since last filed report				
1	Beginning balance (ending balance from previous filing)			1	139,85
C	ash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a [7	95. P		
2b	Non-itemized cash contributions	2b	E		
2c	Total cash contributions (add lines 2a and 2b)			2c	1795.00
11	n-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	446.00		
3b	Non-itemized in-kind contributions	3b	D		
3c	Total in-kind contributions (add lines 3a and 3b)	3c	446.00		
F	Receipts from Other Sources			•	
4a	Itemized Receipts from Other Sources (total from Form 4) 4a	A		
4b	Non-itemized Receipts from Other Sources	4b	B		
4c	Total receipts from other sources (add lines 4a and 4b)			4c	.0
E	xpenditures			-	
5a	Itemized expenditures (total from Form 5)	5a L	172.87		
5b	Non-itemized expenditures	5b .	0		
5c	Total expenditures (add lines 5a and 5b)			5c	1412.87
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c	:)		6	461.98
Can	ididates for State Office: File this report with the Office of the S	Secretary of	State.		
Can	didates for County or Municipal Office: File this report with the			A. 1	
		`	ubscribed before me	4	
	ar or affirm to the best of my knowledge and belief that the ched report(s) and the information contained herein are	- X*			My commission expires
	and correct and that this information is a full and complete	<u> </u>	day of	\bigcup of th	e year <u>2018 </u>
	ement of all contributions, expenditures, and other required mation during the applicable period of time.	L +- 1		1	\
; (gnature of Nota	Marrie L.	__	(Survey)
Signa	ature of Carididate or Elected Official Date). i	ر ماه، ا

Print Notary's Name

FORM 2: Contributions received by candidate or elected official Name of CANDIDATE OR ELECTED OFFICIAL: Warrely A lexander Difficial



Mr. Mrs. Jeffrey Duncan Labraudin Dafes FORM REVISED 10.27.2011 found Mcs. Edward T. Parce Mrs. Minne G Bowl Shirley M. Dives Mrs. Lala Thomas Dris Colhran Aurlus Riverco 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. Hudo Gerise Wallace Drive E. Gardsde M. At 35543 316 airslan Ave Gadsdorn, M. 35701 (Footsten, 13590) 32,84 Victoria ParkSW 4108 Trec Crossings PKNy. 1741 Cumberland Valley Drive QUO HIGHLAND WE Sadsten /tz ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) K 35901 TOTAL CASH CONTRIBUTIONS THIS PAGE Business or SOURCE OF CONTRIBUTION (CHECK ONE) Corporation Individual PAC Other Returned DATE
CONTRIBUTION
RECEIVED
(mo./day/yr.) 十 7 4 7 C. 70/14 200 CONTRIBUTION 300 Q 200 200 125. AMOUNT 00

FORM 2: Contributions received by candidate or elected official

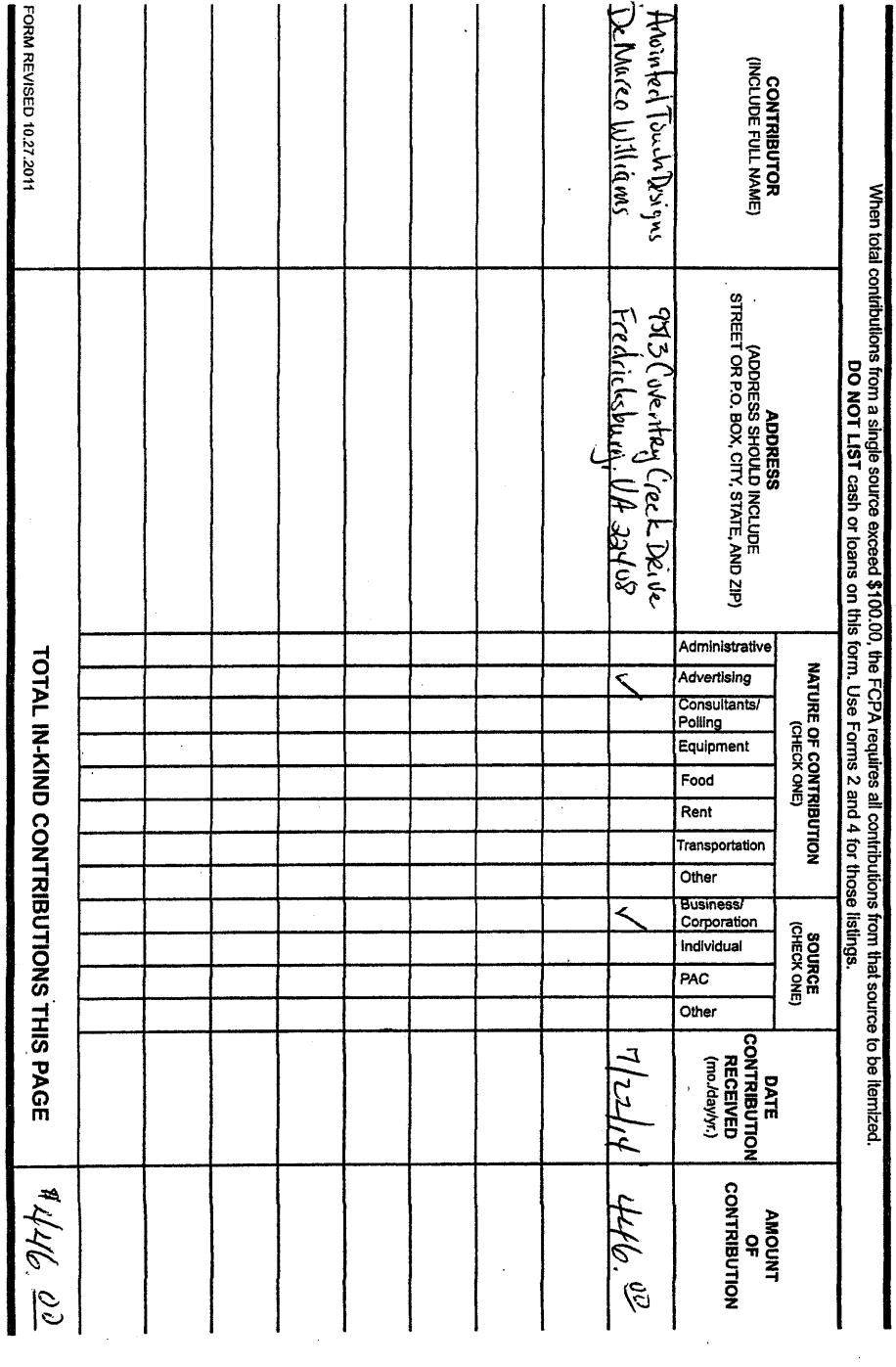
NAME OF CANDIDATE OR ELECTED OFFICIAL: _ When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. Varien Alexander -

570.00	IIS PAGE	HT SI	NOIL	BU]	TOTAL CASH CONTRIBUTIONS THIS PAGE		ORM REVISED 10.27.2011
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500.00	7/5/14		-	2	nc Street	Gadsclen, Mc	Namen A. Dates
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	PAC Other	Individual	Business or Corporation	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	CONTRIBUTOR (INCLUDE FULL NAME)
AMOUNT	D A H E	TION E)	OF CONTRIBUTION (CHECK ONE)	CHE SO			

AL

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Marken HICKANDER Lates



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Alexander !

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



City of Gadsden By Daddy's Signs Free Enkepris LLC the Entreprize LLC **FORM REVISED 10.27.2011** Colony Squarett 33 WMEST Radio Shich Mastres Face book PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME) ADDRESS
(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) 1399 Green First Gurt
134 Green First Gurt
134787 Gadsden, K SIS Tuxabosa Ax 301 Lowst Street Gade Slen, A 35901 Los Angelos, CA Administrative Advertising Consultants/ Polling Charitable Contribution PURPOSE OF EXPENDITURE (CHECK ONE) TOTAL EXPENDITURES THIS Food Fundraising Loan Repayment Lodging Transportation Powez Bill Qualitying Blo Shirk Campaign GIVE BRIEF EXPLANATION PowerBill Radio OTHER DATE OF EXPENDITURE PAGE (mo./day/yr.) 1,085.88 EXPENDITURE AMOUNT 9.6 To

NAME OF CANDIDATE OR ELECTED OFFICIAL: NAME OF CANDIDATE OR ELECTED OFFICIAL: WAYEN HONORELE DE S



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

FORM REVISED 10.27.2011			Annet Bolder	Africa Max #756	Office Max#765	Walmart	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
				530 GROSZ Wallau De Ne GRIEDSIII ME 35903	530 George Wallace Da. Acidsdum M. 35903	Suc E. Marshar Blud. Gadsdon, M 38423	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
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			2		<u> </u>		Advertising	
							Consultants/ Polling	
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TOTAL EXPENDITURES THIS PAGE			1-Shirts				OTHER GIVE BRIEF EXPLANATION	RE
PAGE			h/21/4	1/2/14	7//8//4	7/12/14	DATE OF EXPENDITURE (mo./day/yr.)	
365,21			1880	1.10	54 AZ	21.63	AMOUNT OF EXPENDITURE	

NAME OF CANDIDATE OR ELECTED OFFICIAL: Whaten Alexander of Candidate or elected official



121,78	PAGE	TOTAL EXPENDITURES THIS PAGE	PENI	EX	Į.	0			1		FORM REVISED 10.27.2011
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23.00	1/24/N									315 E. Meighan-Blad Galsdon, M. 35903	Mus Buy Express 8000
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AMOUN! OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Lodging Transportation	Loan Repayment	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)
		URE	PURPOSE OF EXPENDITURE (CHECK ONE)	F EX	CH CH CH	ŬŖ₽					
<u>.</u>	ient be itemized	\$100.00, the FCPA requires all expenditures to that recipient	pendit	ill ex	res a	equi	γA	e FC	0, #	When total expenditures to a single recipient exceed \$100.00	When total expend