MONTHLY & WEEKLY



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED AUG 1 1 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

	Please Print in Ink or Type.			Type of Report	(check or	ne)	
Name	of Candidate or Elected Official Political Party/Br	allot Aff	iliation	Monti		Amended	Monthly
N	Jarren Hexander Dates			Week	dy [Amended	Weekly
Office	Sought or Held (include district or circuit number, if applicable) 2005 JUNE 1 JUNE 1 JUNE 1			For Monthly Re	- 1	<u> </u>	
Addre				Month in which treport is filed.	the		
A4416	P. D. Box 8332			For Weekly Re			
City	State ZIP Code Telephone Num	•	. ()	Date of Friday in week in which the		8/15	114
<u>7</u>),	udaden AL 35402 254-49	12-6	041	report is filed.			
	144/5			Total Number of Pages in Repo		4	
						_	
Su	mmary of activity since last filed report				1	5015	0
	Beginning balance (ending balance from previous filing)						
	Cash Contributions	20	クス	1.75	1		
	Itemized cash contributions (total from Form 2)	2a	19	!!			
	Non-itemized cash contributions	2b		<u>0.00</u>	2c	731. 7	
2c	Total cash contributions (add lines 2a and 2b)				[20]		
	n-Kind Contributions			0.00			
3a	Itemized in-kind contributions (total from Form 3)	3a					
3b	Non-itemized in-kind contributions	3b		0.00			
3c	Total in-kind contributions (add lines 3a and 3b)	3c		0.00			
	Receipts from Other Sources			42			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		0.00			
4b	Non-itemized Receipts from Other Sources	4b		0.00		1	
4c	Total receipts from other sources (add lines 4a and 4b)				4c	0.0	<i>JU</i>
}	Expenditures				1		
5a	Itemized expenditures (total from Form 5)	5a		45.93			
5b	124	5b		<u> </u>			- 02
5c	" (add lines 50 and 5h)				5c	1,14	7 12
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c))			6	- 0	1,32
	indidates for State Office: File this report with the Office of the S	ecret	ary of Sta	ate.			
Ca	andidates for County or Municipal Office: File this report with th	ne Jud	ige of Pre	mate of the cour	nty in wh	nich the office	e is sought.
Λ ~ .	required by the Alabama Fair Campaign Practices Act, I hereby Sw	orn to	and sub:	scribed before m	e tnis		uay or
	par or affirm to the hest of my knowledge and belief that the	<u>tu</u>	Ş _of	the year <u>20</u>	14.	My commiss	sion expires
te: 14	ached report(s) and the information contained herein are applied and complete the	2	da da	ay of A	of th	e year _ 2	018
sta	tement of all contributions, expenditures, and other required	1			7	\ <u>_</u>	1
info	mation during the applicable period of time.	AT	yh	anil	4	Mm	
		gnature	of Notary	Public \	-		9
Sig	nature of Candidate or Elected Official Date	4	Took	~ CU: 0 /t.		OMYEL	

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: Warren Hayarder Dayes

NAME OF CANDIDATE OR ELECTED OFFICIAL: VULTICAL HURLANDUK LUKES

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



731.	HIS PAGE	IS TI	Ŏ N	ST T	곮	TOTAL CASH CONTRIBUTIONS THIS PAGE	FORM REVISED 10.27.2011
•							
			-				
54.5F.	h1/11/8			+>-		touston, The thousand	Shalen Coper
50.00	8/7/14		-	 \	-	426 Taylor Street	Attanha Marris
15.02	1/1/8			1		Gaobelon, Ac 25702	c M. Jahusson
621,00	8/4/4					1002 E. Braud Street Gadsdon, AL 35323	Fundraised
OF	CONTRIBUTION RECEIVED (mo./day/yr.)	Returned	Other	PAC	Corporation Individual	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) since	CONTRIBUTOR (INCLUDE FULL NAME)
AMOUNT	2	Ö Z	SOURCE OF CONTRIBUTION (CHECK ONE)	SOURCE CONTRIBUT (CHECK ONE)	Ç 20 €		
		gs.	listing	ose	for	DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings	DO NOT

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: Manier Hexander lakes



nt be itemized

Jet Roth 88 Olve Garden **FORM REVISED 10.27.2011** Courthard Mic-Al-A The Reporters PERSON/GROUP/BUSINESS WEARD Rudio Vacked bure RECEIVING EXPENDITURE (INCLUDE FULL NAME) Office Max Free Enterprise When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipien ADDRESS

(ADDRESS SHOULD INCLUDE
STREET OR P.O. BOX, CITY, STATE, AND ZIP) Morthside PRWY FSU
PHWHU GA Street
Gudsden, At 55901 Judsden, 401 Oxford Exchange Rd 300 W. Merglon Blud 608 Chicstrut Street MHORD, AL 36203 Sportsden, Ac 35,54 530 George Wallace Deive Gadsdey, A 3550 Gadsden, Ar 35903 audstern Hospo) **Administrative** Advertising Consultants/ Polling Charitable Contribution PURPOSE OF EXPENDITURE (CHECK ONE) TOTAL EXPENDITURES THIS Food **Fundraising** Loan Repayment Lodging Transportation GIVE BRIEF EXPLANATION OTHER PAGE XPENDITURE 1/9/5 (mo./day/yr.) DATE OF **EXPENDITURE** 22.00 AMOUNT 80,00 57.00

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

NAME OF CANDIDATE OR ELECTED OFFICIAL: NAME OF CANDIDATE OR ELECTED OFFICIAL: Walley Hulandel Was



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

606.4	PAGE	TOTAL EXPENDITURES THIS PAGE	END	ΕX	<u> </u>	OT OT						FORM REVISED 10.27.2011
								-				
							-	-				
26.4	8/11/h								+>	SanFrancisco CA	Edura Se Fe	Pirix
1,99	8/11/14								+>	Gedsden, At 35703	530 Ca	Office Max
12,21	8/10/14		-					 	-	earze Wallace Deise	Gads	Laines Improvement
300,00	4/1/8	:3080	-						-	aso S. 7th Greet Gadsdunj Ac 3501	250 Ca	WMGJ Radio
388.00	41/14	; 60) sec							+	Sadsden, A 559)	pos.	WMGJ Ralio
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Repayment Lodging	Fundraising Loan	Food	Charitable Contribution	Consultants/ Polling	Administrative Advertising	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	(ADDRES STREET OR P.O.	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE.	PURPOSE OF EXPENDITURE	EXPE K ONE	CHEC	RPO	و					
						•		1	:	When total experioralies to a single recipient expect a recipient	Fire a campi	When total exper