Name of Candidate or Elected Official

Print Notary's Name

WYMAN CASK

CANDIDATE / ELECTED OFFICIAL ANNUAL REPORT SUMMARY FORM 1A

Please Print in Ink or Type.

FILED JAN 27 2014

Om	ice Sofught or Held (include district or circuit number, if applicable) ATTALLA BOARD OF EDUCATION	<i>N</i>					
Address Check box if reporting new address 904 CASE AVE City State ZIP Code Telephone Number ATTALLA AI. 35954 256-538-5			· · · · · · · · · · · · · · · · · · ·	Type of Report (check one) Annual Report for Year 13 Termination Report Amended Annual Report for Year			
			235				
SE	CTION I - Summary of activity from last filed report	thre	ough De				
1	Beginning balance (ending balance from previous filing)				1	0	
	Cash Contributions				<u> </u>		
2a	Itemized cash contributions (total from Form 2)	2a			7		
-+	Non-itemized cash contributions	2b		44 <u> </u>	1		
2c	Total cash contributions (add lines 2a and 2b)				2c	0	
	In-Kind Contributions						
3a	Itemized in-kind contributions (total from Form 3)	3a]		
	Non-itemized in-kind contributions	3b			-		ŀ
3c	Total in-kind contributions (add lines 3a and 3b)	3с		0	1		
	Receipts from Other Sources	ļ <u>.</u>			j		
4	Total receipts from other sources (total from Form 4)				4		
	Expenditures	1				<i>U</i>	
ia	Itemized expenditures (total from Form 5)	5a]		
b	Non-itemized expenditures	5b					
C	Total expenditures (add lines 5a and 5b)		······································		5c	<u> </u>	
ī	Ending balance (add lines 1, 2c, & 4, then subtract line 5c)				6		-
	CTION II - Summary of activity for entire reporting y	ear	- Januai	v 1st throug	- 1	scombor 21 at	ŭ
7	Beginning balance (as of January 1 of reporting year)	- Can	Odificial	y 13t tilloug	7	Cember 51st	
_	Total cash contributions for year				8		
	Total in-kind contributions for year	9			0	0	
	Total receipts from other sources for year		, <u>.</u>		10		
- I	Total expenditures for year				11	<i>D</i>	
_	Ending balance (add lines 7, 8, & 10, then subtract line 11)				———		
	Total campaign debt (total debt owed as of December 31)	13			12	<i>D</i>	
Mor	of the year 30/4 . My commission expires day of day	As rehereb the at true a stater	y swear or tached rep and correct ment of all	affirm to the best port(s) and the in and that this inf	of my format format cpend	ampaign Practices A knowledge and belie ation contained herei- tion is a full and com itures, and other req	of that n are plete

Political Party/Ballot Affiliation

FORM REVISED 10.29.99

information during the applicable period of time.