

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1

FILED

AUG 25 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official BILL C. STEWART		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) GADSDEN CITY COUNCIL DISTRICT 5			
Address <input type="checkbox"/> Check box if reporting new address 852 WALNUT ST.			
City GADSDEN	State AL.	ZIP Code 35901	Telephone Number 256-547-0241

Type of Report (check one)

- Monthly
 Weekly
 Amended Monthly
 Amended Weekly

For Monthly Reports

Month in which the report is filed.

For Weekly Reports

Date of Friday in the week in which the report is filed.

Total Number of Pages in Report

8-29-14
5

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	3729.20
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		
3b	Non-itemized in-kind contributions	3b		52.10
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a		
4b	Non-itemized Receipts from Other Sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)	4c		0
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		336.06
5b	Non-itemized expenditures	5b		99.00
5c	Total expenditures (add lines 5a and 5b)	5c		435.06
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		3294.14

Candidates for State Office: File this report with the Office of the Secretary of State.

Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in which the office is sought.

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

Signature of Candidate or Elected Official: **Bill C. Stewart** Date: **8-25-14**

Sworn to and subscribed before me this **25th** day of **Aug.** of the year **2014**. My commission expires the **28th** day of **March** of the year **2017**.

Signature of Notary Public: **Iva Nelson**
Print Notary's Name: **Iva Nelson**

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



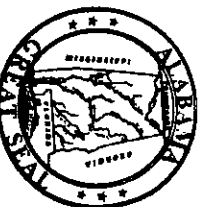
FORM 3: In-Kind Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: BILL C. STEWART

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.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)			DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION		
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
<i>NON-ITEMIZED</i>			<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>				8-19-14	52.10
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																		
<u>52.10</u>																		

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: BILL G. STEWART

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

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)									DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE	
		Administrative	Advertising	Consultants/ Polling	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation			OTHER GIVE BRIEF EXPLANATION
<u>US POSTMASTER</u>	<u>GARDEN, AL</u>		<input checked="" type="checkbox"/>									<u>8-19-14</u>	<u>336.06</u>
TOTAL EXPENDITURES THIS PAGE												<u>336.06</u>	