Print Form

MONTHLY & WEEKLY

FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

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

FILED
AUG 29 2012
BOBBY M. JUNKINS
JUDGE OF PROBATE

**Please Print in Ink or Type.**

| Name of Candidate or Elected Official | Political Party/Ballot Affiliation |
|---|---|
| Bobby M. Junkins | Democratic |

Office Sought or Held (include district or circuit number, if applicable): Probate Judge

Address ☐ Check box if reporting new address: 131 Nottingham Road

| City | State | ZIP Code | Telephone Number |
|---|---|---|---|
| Rainbow City | AL | 35906 | 256-442-6366 |

**Type of Report** (check one)

- [x] Monthly
- [ ] Amended Monthly
- [ ] Weekly
- [ ] Amended Weekly

**For Monthly Reports** Month in which the report is filed: August 2012

**For Weekly Reports** Date of Friday in the week in which the report is filed:

**Total Number of Pages in Report**: 5

## Summary of activity since last filed report

| | | | | | |
|---|---|---|---|---|---|
| 1 | Beginning balance (ending balance from previous filing) | | | 1 | 4,199.56 |
| | **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 | 0 | | |
| 3b | Non-itemized in-kind contributions | 3b | 0 | | |
| 3c | Total in-kind contributions (add lines 3a and 3b) | 3c | 0 | | |
| | **Receipts from Other Sources** | | | | |
| 4a | Itemized Receipts from Other Sources (total from Form 4) | 4a | 0 | | |
| 4b | Non-itemized Receipts from Other Sources | 4b | 0 | | |
| 4c | Total receipts from other sources (add lines 4a and 4b) | | | 4c | 0 |
| | **Expenditures** | | | | |
| 5a | Itemized expenditures (total from Form 5) | 5a | 275.00 | | |
| 5b | Non-itemized expenditures | 5b | 0 | | |
| 5c | Total expenditures (add lines 5a and 5b) | | | 5c | 275.00 |
| 6 | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) | | | 6 | 3,924.56 |

Candidates for State Office

Candidates for County or Municipal Office

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: [signature] Date: 8-31-12

Sworn to and subscribed before me this 29 day of Aug. of the year 2012. My commission expires the 22 day of March of the year 2014.

Signature of Notary Public: Sheri B. McGinnis

Print Notary's Name: SHERI B. McGINNIS

FORM REVISED 10 27 2011

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:** Bobby M. Junkins

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.

| CONTRIBUTOR (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE OF CONTRIBUTION (CHECK ONE) | | | | | DATE CONTRIBUTION RECEIVED (mo./day/yr.) | AMOUNT OF CONTRIBUTION |
|---|---|---|---|---|---|---|---|---|
| | | Business or Corporation | Individual | PAC | Other | Returned | | |
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| | TOTAL CASH CONTRIBUTIONS THIS PAGE | | | | | | | 0 |

FORM REVISED 10.27.2011

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:** Bobby M. Junkins

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 | | |
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| | TOTAL IN-KIND CONTRIBUTIONS THIS PAGE | | | | | | | | | | | | | | 0 |

FORM REVISED 10.27.2011

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: Bobby . Junkins

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.

| SOURCE OF RECEIPT (INCLUDE FULL NAME) | ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT | | | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN | RECEIPT SOURCE (CHECK ONE) | | | | | DATE RECEIVED (mo /day/yr.) | AMOUNT OF RECEIPT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Interest | Loan | Other | GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN] | Lending Institution | PAC | Individual | Business | Other | | |
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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:** Bobby M. Junkins

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 | | |
| Gaston High School | Gaston, AL | | x | | | | | | | | Ad for Program | 8-23-2012 | 75.00 |
| Quality of Life | Gadsden, AL | | x | | | | | | | | Ad | 8-17-2012 | 100.00 |
| Macedonia Baptist Church | Gadsden, AL | | x | | | | | | | | Ad | 8-26-2012 | 100.00 |
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| | TOTAL EXPENDITURES THIS PAGE | | | | | | | | | | | | 275.00 |

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