



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

MONTHLY & WEEKLY

Candidate & Elected Official  
Campaign Finance Report  
SUMMARY FORM 1

FILED

MAY 30 2012

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

|  |             |  |                                  |
|--|-------------|--|----------------------------------|
| Name of Candidate or Elected Official<br>Bobby M. Junkins                                  |             | Political Party/Ballot Affiliation<br>Democratic |                                  |
| Office Sought or Held (include district or circuit number, if applicable)<br>Probate Judge |             |  |                                  |
| Address <input type="checkbox"/> Check box if reporting new address<br>131 Nottingham Road |             |  |                                  |
| City<br>Gadsden  | State<br>AL | ZIP Code<br>35901                                | Telephone Number<br>256-442-6366 |

Type of Report (check one)

- Monthly  Amended Monthly  
 Weekly  Amended Weekly

For Monthly Reports

Month in which the report is filed.

May 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      | 4,099.56 |
| <b>Cash Contributions</b>          |   |    |        |          |
| 2a                                 | Itemized cash contributions (total from Form 2)               | 2a | 600.00 |          |
| 2b                                 | Non-itemized cash contributions                               | 2b | 0      |          |
| 2c                                 | Total cash contributions (add lines 2a and 2b)                |    | 2c     | 600.00   |
| <b>In-Kind Contributions</b>       |   |    |        |          |
| 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      |          |
| <b>Receipts from Other Sources</b> |   |    |        |          |
| 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        |
| <b>Expenditures</b>                |   |    |        |          |
| 5a                                 | Itemized expenditures (total from Form 5)                     | 5a | 150.00 |          |
| 5b                                 | Non-itemized expenditures rec. refund for ticket              | 5b | 0      |          |
| 5c                                 | Total expenditures (add lines 5a and 5b) see pg 5 **          |    | 5c     | 150.00   |
| 6                                  | Ending balance (add lines 1, 2c, & 4c, then subtract line 5c) |    | 6      | 4,549.56 |

Candidates for State Office

Candidates for County or Municipal Office

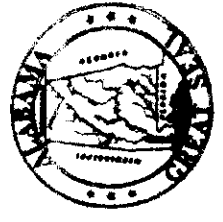
As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures,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

*Bobby M. Junkins* 5-30-12  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 30 day of May of the year 2012. My commission expires the 22 day of March of the year 2014.

*Sheri B. McGinnis*  
Signature of Notary Public

Sheri B. McGinnis  
Print Notary's Name

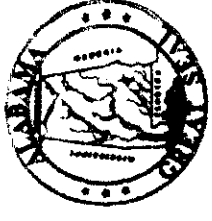


**FORM 2: Contributions received by candidate or elected official**

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<br>(INCLUDE FULL NAME)       | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | SOURCE<br>OF CONTRIBUTION<br>(CHECK ONE) |            |     |       |          | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |
|--|---|--|------------|-----|-------|----------|---|------------------------------|
|  |   | Business or<br>Corporation               | Individual | PAC | Other | Returned |   |                              |
| Etowah County Democratic<br>Women's Club | Gadsden, AL 35901   |  |            | x   |       |          | 5-15-2012   | 600.00                       |
|  |   |  |            |     |       |          |   |                              |
|  |   |  |            |     |       |          |   |                              |
|  |   |  |            |     |       |          |   |                              |
|  |   |  |            |     |       |          |   |                              |
|  |   |  |            |     |       |          |   |                              |
|  |   |  |            |     |       |          |   |                              |
|  |   |  |            |     |       |          |   |                              |
|  |   |  |            |     |       |          |   |                              |
|  |   |  |            |     |       |          | <b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>         | 600.00                       |



# 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<br>(INCLUDE FULL NAME)           | ADDRESS<br>(ADDRESS SHOULD INCLUDE<br>STREET OR P.O. BOX, CITY, STATE, AND ZIP) | NATURE OF CONTRIBUTION<br>(CHECK ONE) |             |                         |           |      |      |                |       |                          |            | SOURCE<br>(CHECK ONE) |       |  | DATE<br>CONTRIBUTION<br>RECEIVED<br>(mo./day/yr.) | AMOUNT<br>OF<br>CONTRIBUTION |  |  |  |  |  |
|--|---|---------------------------------------|-------------|-------------------------|-----------|------|------|----------------|-------|--------------------------|------------|-----------------------|-------|--|---|------------------------------|--|--|--|--|--|
|  |   | Administrative                        | Advertising | Consultants/<br>Polling | Equipment | Food | Rent | Transportation | Other | Business/<br>Corporation | Individual | PAC                   | Other |  |   |                              |  |  |  |  |  |
|  |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   |                              |  |  |  |  |  |
|  |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   |                              |  |  |  |  |  |
|  |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   |                              |  |  |  |  |  |
|  |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   |                              |  |  |  |  |  |
|  |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   |                              |  |  |  |  |  |
|  |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   |                              |  |  |  |  |  |
|  |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   |                              |  |  |  |  |  |
|  |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   |                              |  |  |  |  |  |
|  |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   |                              |  |  |  |  |  |
|  |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   |                              |  |  |  |  |  |
|  |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   |                              |  |  |  |  |  |
| <b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b> |   |                                       |             |                         |           |      |      |                |       |                          |            |                       |       |  |   | 0                            |  |  |  |  |  |



### FORM 4: Receipts from Other Sources loans, interest, and other sources of income

**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 in-kind contributions on this form. Use Forms 2 and 3 for those listings.

| SOURCE OF RECEIPT<br>(INCLUDE FULL NAME) | ADDRESS<br>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) | FORM OF RECEIPT |      |       | COMPLETE THIS BLOCK IF RECEIPT IS A LOAN<br><br>GUARANTORS<br><br>(FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORSING OR GUARANTEEING LOAN) | RECEIPT SOURCE (CHECK ONE) |     |            |          | DATE RECEIVED (mo./day/yr.) | AMOUNT OF RECEIPT |       |
|--|--|-----------------|------|-------|--|----------------------------|-----|------------|----------|-----------------------------|-------------------|-------|
|  |  | Interest        | Loan | Other |  | Lending Institution        | PAC | Individual | Business |                             |                   | Other |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
|  |  |                 |      |       |  |                            |     |            |          |                             |                   |       |
| <b>TOTAL RECEIPTS THIS PAGE</b>          |  |                 |      |       |  |                            |     |            |          |                             | 0                 |       |



**FORM 5: Expenditures by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: Bobby M. Jenkins

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 |          |
| Central Carver Alumni Ad  | Gadsden, AL   |                                    | X           |                      |                         |      |             |                |         |                |                                   |                       | 4-30-2012                    | 75.00    |
| Attalla Youth Enrichment Program                                | Attalla, AL   |                                    |             | X                    |                         |      |             |                |         |                |                                   |                       | 4-30-2012                    | 100.00   |
| Red Cross   | Gadsden, AL   |                                    |             |                      |                         |      |             | X              |         |                |                                   |                       | 5-2-2012                     | 75.00    |
| Veterans of Foreign Wars Post 8600                              | 817 Rainbow Drive<br>Gadsden, AL 35901<br>refunded \$100 for ticket purchased 3-14-2012, Wilson Parrish |                                    |             |                      |                         |      |             |                |         |                |                                   |                       | 4-28-2012                    | (100.00) |
|   |   |                                    |             |                      |                         |      |             |                |         |                |                                   |                       |                              |          |
|   |   |                                    |             |                      |                         |      |             |                |         |                |                                   |                       |                              |          |
|   |   |                                    |             |                      |                         |      |             |                |         |                |                                   |                       |                              |          |
|   |   |                                    |             |                      |                         |      |             |                |         |                |                                   |                       |                              |          |
|   |   |                                    |             |                      |                         |      |             |                |         |                |                                   |                       |                              |          |
| <b>TOTAL EXPENDITURES THIS PAGE</b>                             |   |                                    |             |                      |                         |      |             |                |         |                |                                   |                       | 150.00                       |          |