

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED
OCT 31 2014
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Jobe N. Statum IV (Joey)		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) Etowah Co. Comm Dist 1			
Address <input type="checkbox"/> Check box if reporting new address 509 Stone Hedge Cir			
City Glencoe	State AL	ZIP Code 35905	Telephone Number 256 4947544

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month in which the report is filed.

[Empty box for monthly report month]

For Weekly Reports

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

10/31/14

Total Number of Pages in Report

[Empty box for total pages]

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	5667.52
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a	600⁰⁰	
2b	Non-itemized cash contributions	2b	-	
2c	Total cash contributions (add lines 2a and 2b)	2c	600⁰⁰	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a	-	
3b	Non-itemized in-kind contributions	3b	-	
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	-	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a	510.59	
5b	Non-itemized expenditures	5b	-	
5c	Total expenditures (add lines 5a and 5b)	5c	510.59	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	5756.93	

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.

Jobe N. Statum IV 10/31/14
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 31 day of Oct of the year 2014. My commission expires the 22 day of March of the year 2018.

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: Scott Statham

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		
Stowah Co. Rep. Executive Committee	P.O. Box 8403 Gadsden, AL 35902			X		10/25/14	500.00
Sue Woodard	737 Paradise Dr. Southside, AL 35907		X			10/28/14	100.00
TOTAL CASH CONTRIBUTIONS THIS PAGE							600.00

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: Jaey Statum

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			
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																
N/A																



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Joey Starn

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		
Harland CLARKE CK order	Draft from Acct. #693	X									Checks	10/25/14	74.73
Arrow Graphics	131 RB Ind Blvd RBC 35906		X								Football team	10/28/14	158.05
Western Sizzlin	209 W Grand Ave RBC 35906		X								Southside HS	10/28/14	182.40
Daylight Donuts	Hwy 71 RB Dr. RBC 35906		X								Schools Dist 1 Teachers	10/31/14	95.41
TOTAL EXPENDITURES THIS PAGE													510.59