

ANNUAL



FAIR CAMPAIGN PRACTICES ACT  
STATE OF ALABAMA

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**FILED**

JAN 13 2014

BOBBY M. JUNKINS  
JUDGE OF PROBATE

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

Please Print in Ink or Type.

Name of Candidate or Elected Official <i>Kenneth R. Dixon</i>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <i>COUNCIL DISTRICT # 2</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>1214 Old Boaz Road</i>			
City <i>Attalla</i>	State <i>AL</i>	ZIP Code <i>35954</i>	Telephone Number <i>256-504-0376</i>

Calendar Year covered by this report. *Annual* *2013*

Amended Annual Report  
 Termination Report

Total Pages in Report Include this page in your count. *1*

## SECTION I - Summary of activity from last filed report through December 31 of reporting year

1	Beginning balance (ending balance from previous filing)		1	<i>0</i>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a		<i>0</i>
2b	Non-itemized cash contributions	2b		<i>0</i>
2c	Total cash contributions (add lines 2a and 2b)		2c	<i>0</i>
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a		<i>0</i>
3b	Non-itemized in-kind contributions	3b		<i>0</i>
3c	Total in-kind contributions (add lines 3a and 3b)	3c		<i>0</i>
<b>Receipts from Other Sources</b>				
4a	Total itemized receipts from other sources (total from Form 4)	4a		<i>0</i>
4b	Total non-itemized receipts from other sources	4b		<i>0</i>
4c	Total receipts from other sources (add lines 4a and 4b)		4c	<i>0</i>
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a		<i>0</i>
5b	Non-itemized expenditures	5b		<i>0</i>
5c	Total expenditures (add lines 5a and 5b)		5c	<i>0</i>
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6	<i>0</i>

## SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)		7	<i>0</i>
8	Total cash contributions for year		8	<i>0</i>
9	Total in-kind contributions for year	9		<i>0</i>
10	Total receipts from other sources for year		10	<i>0</i>
11	Total expenditures for year		11	<i>0</i>
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)		12	<i>0</i>
13	Total campaign debt (total debt owed as of December 31)	13		<i>0</i>

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.

Sworn to and subscribed before me this *6th* day of *January* of the year *2014*. My commission expires the \_\_\_\_\_ day of \_\_\_\_\_ of the year \_\_\_\_\_

MY COMMISSION EXPIRES FEBRUARY 7, 2015

*Sharon K. Jones*

Signature of Notary Public

*Sharon K. Jones*

Print Notary's Name

*Kenneth R. Dixon*

Signature of Candidate or Elected Official

*1/6/2014*

Date

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: \_\_\_\_\_

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		
<b>TOTAL CASH CONTRIBUTIONS THIS PAGE</b>							0	

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



NAME OF CANDIDATE OR ELECTED OFFICIAL: \_\_\_\_\_

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					
FORM REVISED 9.2.2011		<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: \_\_\_\_\_

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  GUARANTORS  [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: \_\_\_\_\_

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	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION				
TOTAL EXPENDITURES THIS PAGE													0		