



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

FILED

JAN 06 2015

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>CITY COUNCIL DISTRICT #2</i>			
Address <input type="checkbox"/> Check box if reporting new address <i>1214 Old Boaz Rd.</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. *2014*

- Amended Annual Report
 Termination Report

Total Pages in Report Include this page in your count.

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>
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Total cash contributions (add lines 2a and 2b)		2c	<i>0</i>
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	Total itemized receipts from other sources (total from Form 4)	4a		
4b	Total non-itemized receipts from other sources	4b		
4c	Total receipts from other sources (add lines 4a and 4b)		4c	<i>0</i>
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
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		
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		

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 *Jan* of the year *2015*. My commission expires the *6th* day of *Jan* of the year *2018*.

Teresa W Jones
Signature of Notary Public

Teresa W Jones
Print Notary's Name

Kenneth R Dixon *1/6/15*
Signature of Candidate or Elected Official 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		
							TOTAL CASH CONTRIBUTIONS THIS PAGE	



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 [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	
TOTAL RECEIPTS THIS PAGE													



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																