



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**FILED**

MAY 23 2014

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>LANA GASKIN BELLEN</b>		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) <b>COUNTY COMMISSIONER DISTRICT 4</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>308 ROSELAND DR.</b>			
City <b>RBC</b>	State <b>AL</b>	ZIP Code <b>35906</b>	Telephone Number <b>(256) 481-2082</b>

Type of Report (check one)

- Monthly       Amended Monthly  
 Weekly       Amended Weekly

For Monthly Reports

Month in which the report is filed.

**MAY**

For Weekly Reports

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

**MAY 23**

Total Number of Pages in Report

**5**

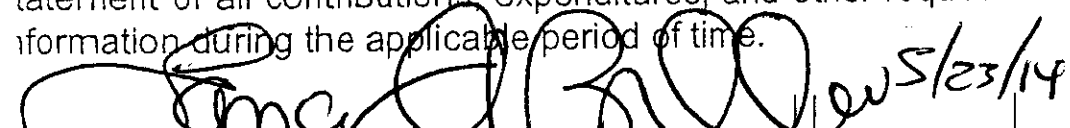
### Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	<b>276<sup>00</sup></b>
<b>Cash Contributions</b>				
2a	Itemized cash contributions (total from Form 2)	2a	<b>500<sup>00</sup></b>	
2b	Non-itemized cash contributions	2b	<b>0</b>	
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>500<sup>00</sup></b>	
<b>In-Kind Contributions</b>				
3a	Itemized in-kind contributions (total from Form 3)	3a	<b>43.18</b>	
3b	Non-itemized in-kind contributions	3b	<b>0</b>	
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>43.18</b>	
<b>Receipts from Other Sources</b>				
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	<b>0</b>	
4b	Non-itemized Receipts from Other Sources	4b	<b>0</b>	
4c	Total receipts from other sources (add lines 4a and 4b)	4c	<b>0</b>	
<b>Expenditures</b>				
5a	Itemized expenditures (total from Form 5)	5a	<b>451.14</b>	
5b	Non-itemized expenditures	5b	<b>0</b>	
5c	Total expenditures (add lines 5a and 5b)	5c	<b>451.14</b>	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6	<b>324.86</b>	

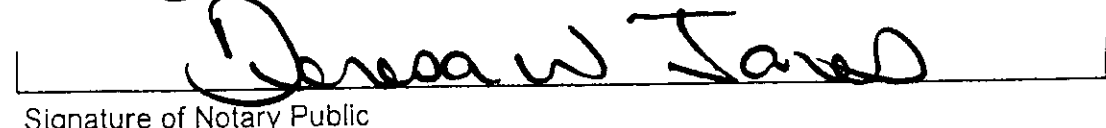
**Candidates for State Office:** File this report with the Office of the Secretary of State.

**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.

  
 Signature of Candidate or Elected Official      Date **5/23/14**

Sworn to and subscribed before me this **23** day of **May** of the year **2014**. My commission expires the **6th** day of **Jan** of the year **2018**.

  
 Signature of Notary Public  
**Teresa W Jones**  
 Print Notary's Name



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: LANA GASKIN BELEW

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		
BRUCE & SUZANNE LATTI	74 TWIN OAKS DR. ONTONA, AL 35121		<input checked="" type="checkbox"/>				5/19/14	250 <sup>00</sup>
MERRI MAUDI ROBERTS	105 MERRON ROAD GADSDEN, AL 35901		<input checked="" type="checkbox"/>				5/19/14	250 <sup>00</sup>
							TOTAL CASH CONTRIBUTIONS THIS PAGE	500 <sup>00</sup>



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: Lana Cassin Bowen

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	
ABSOLUTE PRINTING SOLUTIONS	1190 S RAINBOW DR MOBILE, AL 36681	<input checked="" type="checkbox"/>														5/19/14	43.18
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>																<u>43.18</u>	



