

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

THIS AREA FOR OFFICIAL USE ONLY

Print Form

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED
JUN 30 2014
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official ROBERT AVERY		Political Party/Ballot Affiliation	
Office Sought or Held (include district or circuit number, if applicable) CITY COUNCILMAN DISTRICT 3			
Address <input type="checkbox"/> Check box if reporting new address 710 CRESTVIEW DR			
City GADSDEN	State AL.	ZIP Code 35901	Telephone Number (256) 547-5058

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports
Month in which the report is filed.

JUNE

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 \$17.26
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a \$1,060⁰⁰	
2b	Non-itemized cash contributions	2b	
2c	Total cash contributions (add lines 2a and 2b)	2c \$1,000⁰⁰	
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 \$400⁰⁰	
4b	Non-itemized Receipts from Other Sources	4b	
4c	Total receipts from other sources (add lines 4a and 4b)	4c \$400⁰⁰	
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a \$1,350⁰⁰	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c \$1,350	
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6 \$67.26	

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.

Robert Avery
Signature of Candidate or Elected Official
6-30-14
Date

Sworn to and subscribed before me this 30th day of July of the year 2014. My commission expires the 28th day of March of the year 2017.

Iva Nelson
Signature of Notary Public
Iva Nelson
Print Notary's Name



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		
Robert Avery	710 Chestnut Dr Chatsbun AL		<input checked="" type="checkbox"/>		Robert Avery 710 Chestnut Ave Dr Chatsbun AL						6-2-14	\$200.00
"	"		<input checked="" type="checkbox"/>		"						6-27-14	\$200.00
TOTAL RECEIPTS THIS PAGE												\$400.00

ALABAMA FAIR CAMPAIGN PRACTICES ACT - CAMPAIGN FINANCE REPORT FOR CANDIDATE & ELECTED OFFICIAL

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	Charitable Contribution	Food	Fundraising	Loan Repayment	Lodging			Transportation	OTHER GIVE BRIEF EXPLANATION
WING J RADLO	815 TUSCHLOSA AVE GADSDEN AL 35904		<input checked="" type="checkbox"/>									6-2-14	\$1,200.00
GADSDEN CITY THHS ROOSTER CLUB	1917 BLACK CREEK PKWY GADSDEN, AL. 35901		<input checked="" type="checkbox"/>									6-30-14	\$150.00
TOTAL EXPENDITURES THIS PAGE												\$1,350.00	