



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

**FILED**

**AUG 13 2018**

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

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

Type of Report (check one)

- Monthly  Amended Monthly  
 Weekly  Amended Weekly

For Monthly Reports  
Month for which the report is filed.

For Weekly Reports  
Date of Friday in the week for which the report is filed.

Total Number of Pages in Report

<b>8-10</b>

### Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)	1	<b>\$12.00</b>
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a	
2b	Non-itemized cash contributions	2b	<b>\$520.00</b>
2c	Total cash contributions (add lines 2a and 2b)	2c	<b>520.00</b>
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a	
3b	Non-itemized in-kind contributions	3b	<b>N/A</b>
3c	Total in-kind contributions (add lines 3a and 3b)	3c	<b>N/A</b>
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a	
4b	Non-itemized Receipts from Other Sources	4b	<b>N/A</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	
5b	Non-itemized expenditures	5b	
5c	Total expenditures (add lines 5a and 5b)	5c	<b>415.00</b>
<b>Expenditures on Line of Credit</b>			
6a	Itemized expenditures (total from Form 6)	6a	
6b	Non-itemized expenditures	6b	<b>N/A</b>
6c	Total expenditures on credit (add lines 6a and 6b)	6c	
7	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	7	<b>\$117.00</b>

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.

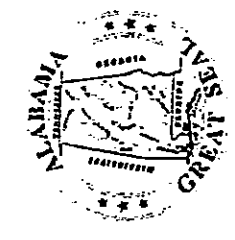
Robert Avery 8-13-18  
 Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 13 day of Aug of the year 2018. My commission expires the 24 day of Sept of the year 2020  
Pam Bone  
 Signature of Notary Public  
Pam Bone  
 Print Notary's Name





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



**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					
K. A.															
<b>TOTAL RECEIPTS THIS PAGE</b>															



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

**FORM 6: Expenditures On Line of Credit** 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	Lodging	Transportation			Interest	OTHER GIVE BRIEF EXPLANATION			
[Handwritten Signature]	[Handwritten Signature]																	
												<b>TOTAL EXPENDITURES THIS PAGE</b>						