#### MONTHLY & WEEKLY



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

**FILED**SEP 3 0 2014

BOBBY M. JUNKINS JUDGE OF PROBATE

Name of Candidate or Elected Official    State
Office Sought or Hold (include district or circuit number, if (spliceble))    Standless   Check box if reporting new address   SDP   Standle   Staffe   Zip Code   Zip Cod
Address ☐ Check box if reporting new address  SD9 STANC Macket Staffe ZIP Code Telephone Number  Staffe ZIP Code Staffe ZIP Code Telephone Number  Staffe ZIP Code Telephone Number  Staffe St
Check book if reporting new address   SD   STANC Medge   C.:   State   ZiP Code   State   Ac   35985   State   Total Number
Summary of activity since last filed report  1 Beginning balance (ending balance from previous filing)  Cash Contributions  2a Itemized cash contributions (total from Form 2)  2b Non-itemized cash contributions (add lines 2a and 2b)  In-Kind Contributions  3a Itemized in-kind contributions (total from Form 3)  3b Non-itemized in-kind contributions (add lines 3a and 3b)  Receipts from Other Sources  4a Itemized Receipts from Other Sources (total from Form 4)  4b Non-itemized Receipts from Other Sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5)
Summary of activity since last filed report  1 Beginning balance (ending balance from previous filing)  Cash Contributions  2a Itemized cash contributions (total from Form 2)  2b Non-itemized cash contributions  2c Total cash contributions (add lines 2a and 2b)  In-Kind Contributions  3a Itemized in-kind contributions (total from Form 3)  3b Non-itemized in-kind contributions (add lines 3a and 3b)  Receipts from Other Sources  4a Itemized Receipts from Other Sources (total from Form 4)  4b Non-itemized Receipts from Other Sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5)  5a Itemized expenditures (total from Form 5)  5a Itemized expenditures (total from Form 5)
Summary of activity since last filed report  1 Beginning balance (ending balance from previous filing)  Cash Contributions  2a Itemized cash contributions (total from Form 2)  2b Non-itemized cash contributions  2c Total cash contributions (add lines 2a and 2b)  In-Kind Contributions  3a Itemized in-kind contributions (total from Form 3)  3b Non-itemized in-kind contributions (add lines 3a and 3b)  Receipts from Other Sources  4a Itemized Receipts from Other Sources (total from Form 4)  4b Non-itemized Receipts from Other Sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5)  5a Itemized expenditures (total from Form 5)  5a Itemized expenditures (total from Form 5)
Summary of activity since last filed report  1 Beginning balance (ending balance from previous filing)  Cash Contributions  2a Itemized cash contributions (total from Form 2)  2b Non-itemized cash contributions  2c Total cash contributions (add lines 2a and 2b)  In-Kind Contributions  3a Itemized in-kind contributions (total from Form 3)  3b Non-itemized in-kind contributions  3c Total in-kind contributions (add lines 3a and 3b)  Receipts from Other Sources  4a Itemized Receipts from Other Sources (total from Form 4)  4b Non-itemized Receipts from Other Sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5)  5a T93.49
Summary of activity since last filed report  1 Beginning balance (ending balance from previous filing)  Cash Contributions  2a Itemized cash contributions (total from Form 2)  2b Non-itemized cash contributions  2c Total cash contributions (add lines 2a and 2b)  In-Kind Contributions  3a Itemized in-kind contributions (total from Form 3)  3b Non-itemized in-kind contributions  3c Total in-kind contributions (add lines 3a and 3b)  Receipts from Other Sources  4a Itemized Receipts from Other Sources (total from Form 4)  4b Non-itemized Receipts from Other Sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5)  5a 793.49
1 Beginning balance (ending balance from previous filing)  Cash Contributions  2a Itemized cash contributions (total from Form 2) 2a 420c.  2b Non-itemized cash contributions  2c Total cash contributions (add lines 2a and 2b)  In-Kind Contributions  3a Itemized in-kind contributions (total from Form 3) 3a 250c.  3b Non-itemized in-kind contributions  3c Total in-kind contributions (add lines 3a and 3b) 3c 250c.  Receipts from Other Sources  4a Itemized Receipts from Other Sources (total from Form 4) 4a NA  4b Non-itemized Receipts from Other Sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5) 5a 793.49
1   Beginning balance (ending balance from previous timp)   Cash Contributions     2a   Itemized cash contributions (total from Form 2)   2a   43.0c.     2b   Non-itemized cash contributions   2b   55.2     2c   Total cash contributions (add lines 2a and 2b)   2c   475.5.5     In-Kind Contributions   3a   Itemized in-kind contributions (total from Form 3)   3a   3.5.5   3c   Total in-kind contributions (add lines 3a and 3b)   3c   3.5.5   3.5
Itemized cash contributions (total from Form 2)   2a   4206.     2b   Non-itemized cash contributions   2b   552     2c   Total cash contributions (add lines 2a and 2b)   2c   4755.     In-Kind Contributions   3a   2506.     3a   Itemized in-kind contributions (total from Form 3)   3a   3   506.     3b   Non-itemized in-kind contributions   3b   3c   2506.     3c   Total in-kind contributions (add lines 3a and 3b)   3c   2506.     Receipts from Other Sources   4a   Itemized Receipts from Other Sources (total from Form 4)   4a   N   A   4b   Non-itemized Receipts from Other Sources   4b   Ni A   4c   Ni A   Expenditures     5a   Itemized expenditures (total from Form 5)   5a   793.49   193.49
Total cash contributions (add lines 2a and 2b)
Total cash contributions (add lines 2a and 2b)   In-Kind Contributions   Itemized in-kind contributions (total from Form 3)   3a   250c.
In-Kind Contributions   Itemized in-kind contributions (total from Form 3)   3a   2 50c. 29
Itemized in-kind contributions (total from Form 3)   3a   250c. c2
30   Non-itemized in-kind contributions   35     3c   Total in-kind contributions (add lines 3a and 3b)   3c   2 500.       Receipts from Other Sources     4a   Itemized Receipts from Other Sources (total from Form 4)   4a   N   A     4b   Non-itemized Receipts from Other Sources   4b   N   A     4c   Total receipts from other sources (add lines 4a and 4b)     Expenditures     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from Form 5)   5a   793.49     5a   Itemized expenditures (total from
Total in-kind contributions (add lines 3a and 3b)  Receipts from Other Sources  4a Itemized Receipts from Other Sources (total from Form 4) 4a NA  4b Non-itemized Receipts from Other Sources 4b NA  4c Total receipts from other sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5)
Receipts from Other Sources  4a Itemized Receipts from Other Sources (total from Form 4) 4a NA  4b Non-itemized Receipts from Other Sources  4c Total receipts from other sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5)  5a 793.49
Receipts from Other Sources  4a Itemized Receipts from Other Sources (total from Form 4) 4a NA  4b Non-itemized Receipts from Other Sources  4c Total receipts from other sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5)  5a 793.99
Non-itemized Receipts from Other Sources   4b   N   A
Non-itemized Receipts from Other Sources   4b   N   A
Total receipts from other sources (add lines 4a and 4b)  Expenditures  5a Itemized expenditures (total from Form 5)  5a 793.49
Expenditures  5a Itemized expenditures (total from Form 5)  5a 793.49
5a itellized expenditores (total non-
15h Non-iteniized experiatares
5c Total expenditures (add lines 5a and 5b)
6 Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)
The state of the Secretary of State.
Candidates for County or Municipal Office: File this report with the Judge of Probate of the county in This
Sworn to and subscribed before me thisday or
My commission expires of the year of year of the year of year of the year of the year of year of year of year of years of year
attached report(s) and the information contained herein are true and correct and that this information is a full and complete 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 Notery Public . Signature of Notery Public . 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: STATUM STATUM

When total contributions from a single source exce**é**d \$100.00, the FCPA requires all contributions from that source to **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. be itemized.

	DO NOT LIST in-kind contributions of loans on this lotti. Use Fullis 3 and 4 lot	d + lot diose ismigs.		
		SOURCE OF CONTRIBUTION (CHECK ONE)	7	
CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	Business or Corporation Individual PAC Other	CONTRIBUTION RECEIVED (mo./day/yr.)	OF
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cce à Babbic Freeman	471 HAZei Bend Rd Afalla, Ac 35954	*	9113	500.25
David C.pscomb	113 FAIR GAK CIR GADS, AS 35401	×	9/13	300, 4
John & Moore	2581 caddell Cir, Makes Bluff, Ac 35903	*	7/13	300 ac
Charles dilchrist	413 MACKES Ave, Clemene, AC 35905	×	7 13	100.00
Don Steward	1685 Hay 77, Suntyside, AC 35763	<b>≯</b> .	7/13	305,00
Grea Watkins	2394 Visanda Frace, Hokes Bluff 35403	×	9113	100.00
Phillip W. Williams Jr	341 River Ridge RA GADGET AC 35401	* ×	9/13	Sac an
FORM REVISED 10.27.2011	TOTAL CASH CONTRIBUTIONS THIS PAGE	ATRIBUTIONS TI	HIS PAGE	39 ac. 00

# 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: とうのい STATUM

NOIMAN CONTRIBUTOR (INCLUDE FULL NAME) When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings. CASH 3965 1125 ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) Hass Dr Sortheside Saythiside AC ATTALIA AC TOTAL CASH CONTRIBUTIONS THI 35967 35707 35954 Business or OF CONTRIBUTION (CHECK ONE) Corporation × × Individual メ SOURCE PAC Other Returned CONTRIBUTION 9/13/14 9/13/14 RECEIVED be itemized. S PAGE (mo./day/yr.) DATE CONTRIBUTION 100 00 550.00 **AMOUNT** 100.00 250 az 606 81

FORM REVISED 10.27.2011

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

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



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NAME OF CANDIDATE OR ELECTED OFFICIAL: 6AS.A CONTRIBUTOR (INCLUDE FULL NAME) When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. 1460 ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) Cecta DO NOT LIST cash or loans on this form. Use Forms 2 and 4 for those listings. R N Sorthside 2 35947 **Administrative** TOTAL IN-KIND CONTRIBUTIONS THIS NATURE OF CONTRIBUTION (CHECK ONE) Advertising Consultants/ Polling Equipment X Food Rent Transportation Other Business/ Corporation SOURCE (CHECK ONE) Individual PAC Other CO RECEIVED NTRIBUTION mo./day/yr.) 1/3/14 PAGE DATE CONTRIBUTION 2500 2500,00 AMOUNT 13

FORM REVISED 10.27.2011

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

IAL

# FORM 4: Receipts from Other Sources loans, interest, and other sources of income

NAME OF CANDIDATE OR ELECTED OFFICIAL: SOURCE OF RECEIPT (INCLUDE FULL NAME) When total contributions from a single source exceed \$100.00, the FCPA requires all contributions from that source to be itemized. (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) DO NOT LIST cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings. **ADDRESS** 1-20 OF RECEIPT Interest FORM Loan Statum Other [FCPA REQUIRES FULL NAME AND COM-PLETE ADDRESS OF INDIVIDUAL(S) EN-DORSING OR GUARANTEEING LOAN] COMPLETE THIS BLOCK IF RECEIPT IS A LOAN **GUARANTORS** TOTAL RECEIPTS THIS Lending RECEIPT SOURCE (CHECK ONE) Institution **PAC** Individual **Business PAGE** Other DATE RECEIVED (mo./day/yr.) **AMOUNT** RECEIPT

FORM REVISED 10.27.2011

# 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: Statum



When total expenditures to a single recipient exceed \$100.00, the FCPA requires all expenditures to that recipient be itemized.

FORM REVISED 10.27.2011				CNS	Driaw Graphies	CARR Sign	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	
			1	RBC PC	RBC IND BIND RBC IND BIND	Box 66338 - Bater Rosyc Coristan	ADDRESS  (ADDRESS SHOULD INCLUDE  STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
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TOTAL EXPENDITURES THIS PAGE							Fundraising	(CHE O
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793.49				200,00	343, 44	200 %	AMOUNT OF EXPENDITURE	