



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

MONTHLY & WEEKLY

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

FILED
FEB 01 2016
BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official Johnny Grant		Political Party/Ballot Affiliation Republican	
Office Sought or Held (include district or circuit number, if applicable) Etowah County Commission District 2			
Address <input type="checkbox"/> Check box if reporting new address 880 Blackberry Lane			
City Badger	State AL	ZIP Code 35903	Telephone Number 256-493-6856

Type of Report (check one)

Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports
Month in which the report is filed.
Jan 2016

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

Total Number of Pages in Report

Summary of activity since last filed report			
1	Beginning balance (ending balance from previous filing)		1 -211.31
Cash Contributions			
2a	Itemized cash contributions (total from Form 2)	2a 900.-	
2b	Non-itemized cash contributions	2b 300.-	
2c	Total cash contributions (add lines 2a and 2b)		2c 1200.-
In-Kind Contributions			
3a	Itemized in-kind contributions (total from Form 3)	3a -0-	
3b	Non-itemized in-kind contributions	3b -0-	
3c	Total in-kind contributions (add lines 3a and 3b)	3c -0-	
Receipts from Other Sources			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a -0-	
4b	Non-itemized Receipts from Other Sources	4b -0-	
4c	Total receipts from other sources (add lines 4a and 4b)		4c -0-
Expenditures			
5a	Itemized expenditures (total from Form 5)	5a 142.84	
5b	Non-itemized expenditures	5b 401.86	
5c	Total expenditures (add lines 5a and 5b)		5c 550.70
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6 437.99

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.

Johnny Grant 12-1-16
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 1 day of Feb of the year 2016. My commission expires the 29 day of April of the year 2018.

Stephanie A. Downey
Signature of Notary Public
Stephanie A. Downey
Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Johnny Grant

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		
Todd Entrekina	Smith Rd, Gadsden, AL		✓				1-20-16	500.00
Joey Grant	Altoona, AL		✓				1-22-16	200.00
Randy Burns	Gadsden, AL		✓				1-14-16	200.00
TOTAL CASH CONTRIBUTIONS THIS PAGE								900.00



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: Johnny Grant

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		
TOTAL IN-KIND CONTRIBUTIONS THIS PAGE														- 0 -	



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

NAME OF CANDIDATE OR ELECTED OFFICIAL: JOHNNY GRANT

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			
TOTAL RECEIPTS THIS PAGE													



FORM 5: Expenditures by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: Johnny Grant

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		
Lowe's	Gadsden, AL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-1-16	148. ⁸⁴
											TOTAL EXPENDITURES THIS PAGE		148. ⁸⁴