MONTHLY & WEEKLY



Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

BOBBA W' INNKINZ

JUN 16 2014

FILED

Please Print in ink or Type.		Type of Report (check o	one)
Name of Candidate of Elected Official	rty/Ballot Affiliation	Montply	Amended Monthly
LAND GASKIN IZLED		Weekly	Amended Weekly
Office Sought or Held (include district or circuit number, if applicable)	of STEICT	For Monthly Reports	WE
Carry Commissione		Month in which the	
Address Check box if reporting new address		report is filed. For Weekly Reports	
308 60 SERVO DE	Nimbon	Date of Friday in the	MEEKENDING
City State ZIP Code Telephone	Number)	week in which the report is filed.	6/13/14
710 35-100 9	81. 20.0	Total Number of	5
		Pages in Report	
Summary of activity since last filed report			22/00
1 Beginning balance (ending balance from previous filing)	11	336°
Cash Contributions			
2a Itemized cash contributions (total from Form 2)		70°	
2b Non-itemized cash contributions	2b _	0	2 (70)
2c Total cash contributions (add lines 2a and 2b)		[2c]	370
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	14) 4a		
4b Non-itemized Receipts from Other Sources	4b		
4c Total receipts from other sources (add lines 4a and 4b)	4c	
Expenditures			
5a Itemized expenditures (total from Form 5)	5a (
5b Non-itemized expenditures	5b		- A
5c Total expenditures (add lines 5a and 5b)		5c	7000
6 Ending balance (add lines 1, 2c, & 4c, then subtract line	5c)	6	700
Candidates for State Office: File this report with the Office of the	ne Secretary of Sta	ite.	s to the control of t
Candidates for County or Municipal Office: File this report with	in the Judge of Pro	bbate of the county in vi	hich the office is sought.
As required by the Alabama Fair Campaign Practices Act, I hereby	Sworn to and subs	scribed before me this \pm	uay or
swear or affirm to the best of my knowledge and belief that the	June of	the year 2014	. My commission expires
attached report(s) and the information contained herein are true and correct and that this information is a full and complete	the 24 da	ay of of t	he year _ 20/6.
statement of all contributions, expenditures, and other required			
information during the applicable period of time.	\mathcal{L}	am Bone	
7 mgt 1 0 Way 916/14	Signature of Notary	am Bone	
Signature of Candidate or Elected Official Date	ρ_{ℓ}	am Bone	

Print Notary's Name

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:



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.

370	HIS PAGE	TRIBUTIONS TI	TOTAL CASH CONTRIBUTIONS THIS PAGE	
120"	6/10/14	X	MALNUT GROW, AL 35990	CIREY WORKS
250°	6/0/4	X	4	
OF CONTRIBUTION	CONTRIBUTION RECEIVED (mo./day/yr.)	Business or Corporation Individual PAC Other Returned	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP) PO BOX 2241 PO BOX 2241 PO BOX 2241 PO BOX 2241	CONTRIBUTOR (INCLUDE FULL NAME)
AMOUNT	DATE	SOURCE OF CONTRIBUTION (CHECK ONE)	SOURCE OF CONTRIBUTION (CHECK ONE)	DO

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: とう 3 ECUEW

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. **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings. ADDRESS

(ADDRESS SHOULD INCLUDE

STREET OR P.O. BOX, CITY, STATE, AND ZIP) Administrative TOTAL IN-KIND CONTRIBUTIONS THIS NATURE OF CONTRIBUTION (CHECK ONE) Advertising Consultants/ Polling Equipment Food Rent Transportation Other Business/ SOURCE (CHECK ONE) Corporation Individual PAC Other CONTRIBUTION RECEIVED (mo./day/yr.) **PAGE** DATE CONTRIBUTION **AMOUNT**

FORM REVISED 10.27.2011

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 SELLEW

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.

FORM REVISED 10.27.2011							SOURCE OF RECEIPT (INCLUDE FULL NAME)	
							ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	
							Interest	FORM OF RECEIPT
							Loan Other	FORM
							Ottlei	-
TOTAL RECEIPTS THIS PAGE							GUARANTORS [FCPA REQUIRES FULL NAME AND COM- PLETE ADDRESS OF INDIVIDUAL(S) EN- DORSING OR GUARANTEEING LOAN]	COMPLETE THIS BLOCK IF RECEIPT IS A LOAN
EIP.							Lending Institution	굔
SI							PAC	RECEIPT SOURCE (CHECK ONE)
Ĭ							Individual	T SO
SP			ļ		<u> </u>		Business	URCI
GE AGE		 					Other	
111	4			: :			RECEIVED (mo./day/yr.)	
\$							OF	

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.

4	AGE	TOTAL EXPENDITURES THIS PAGE	NDII	XPE	Ĺ E	/TC	+		:			FORM REVISED 10.27.2011
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										<u> </u>		
							-					
AMOUNT OF EXPENDITURE	DATE OF EXPENDITURE (mo./day/yr.)	OTHER GIVE BRIEF EXPLANATION	Transportation	Loan Repayment Lodging	Fundraising	Food	Charitable Contribution	Consultants/ Polling	Advertising	Administrative	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)
		RE	NDITU	PURPOSE OF EXPENDITURE (CHECK ONE)	CHE OI	RPO	و					