

MONTHLY & WEEKLY



FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA

Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

BOBBY M. JUNKINS
JUDGE OF PROBATE

JUN 16 2014

FILED

Please Print in Ink or Type.

Name of Candidate or Elected Official LANA GASKIN BELEN		Political Party/Ballot Affiliation REPUBLICAN	
Office Sought or Held (include district or circuit number, if applicable) COUNTY COMMISSIONER		DISTRICT 4	
Address <input type="checkbox"/> Check box if reporting new address 308 ROSEWOOD DR			
City ORC	State AL	ZIP Code 35906	Telephone Number (256) 81-2082

Type of Report (check one)

- Monthly Amended Monthly
 Weekly Amended Weekly

For Monthly Reports

Month in which the report is filed.

WE

For Weekly Reports

Date of Friday in the week in which the report is filed.

**WEEK ENDING
6/13/14**

Total Number of Pages in Report

5

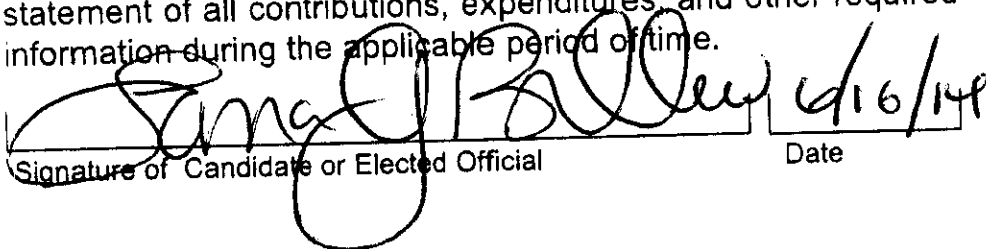
Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	336⁰⁰
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		370⁰⁰
2b	Non-itemized cash contributions	2b		0
2c	Total cash contributions (add lines 2a and 2b)	2c		370
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		0
5b	Non-itemized expenditures	5b		0
5c	Total expenditures (add lines 5a and 5b)	5c		0
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)	6		706⁰⁰

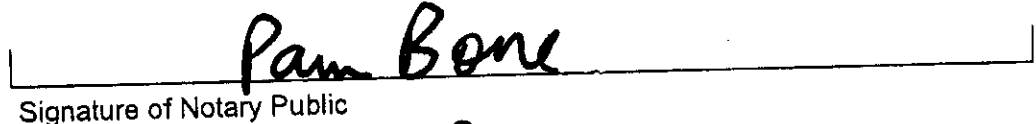
Candidates for State Office: File this report with the Office of the Secretary of State.

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.


 Signature of Candidate or Elected Official Date **6/16/14**

Sworn to and subscribed before me this 16 day of June of the year 2014. My commission expires the 24 day of Sept of the year 2016.


 Signature of Notary Public

Pam Bone
 Print Notary's Name



FORM 2: Contributions received by candidate or elected official

NAME OF CANDIDATE OR ELECTED OFFICIAL: LAWA G BELLER

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		
ALBERT WORTS			<input checked="" type="checkbox"/>					
JON CM ROSS	PO BOX 2241 MONTGOMERY, AL 36102		<input checked="" type="checkbox"/>				6/10/14	250 ⁰⁰
ALBERT WORTS	PO BOX 100 WALNUT GROVE, AL 35990		<input checked="" type="checkbox"/>				6/10/14	120 ⁰⁰
TOTAL CASH CONTRIBUTIONS THIS PAGE								370 ⁰⁰

