



**FAIR CAMPAIGN PRACTICES ACT
STATE OF ALABAMA**

ANNUAL

**Candidate & Elected Official
Campaign Finance Report
SUMMARY FORM 1A**

FILED

JAN 07 2014

BOBBY M. JUNKINS
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official LARRY P. KEENUM		Political Party/Ballot Affiliation REP.	
Office Sought or Held (include district or circuit number, if applicable) CITY COUNCIL			
Address <input type="checkbox"/> Check box if reporting new address 123 WINDY HILL Rd.			
City RAINBOW CITY, AL.	State AL.	ZIP Code 35906	Telephone Number 256-442-9013

Calendar Year covered by this report.

2013

Amended Annual Report

Termination Report

Total Pages in Report Include this page in your count.

SECTION I - Summary of activity from last filed report through December 31 of reporting year

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

SECTION II - Summary of activity for entire reporting year - January 1st through December 31st

7	Beginning balance (as of January 1 of reporting year)		7	0
8	Total cash contributions for year		8	0
9	Total in-kind contributions for year	9		
10	Total receipts from other sources for year		10	0
11	Total expenditures for year		11	0
12	Ending balance (add lines 7, 8, & 10, then subtract line 11)		12	0
13	Total campaign debt (total debt owed as of December 31)	13		0

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.

Sworn to and subscribed before me this 7 day of Jan. of the year 2014. My commission expires the 24 day of Sept. of the year 2016.

Pam Bone

Signature of Notary Public

Larry P. Keenum

Signature of Candidate or Elected Official

1-7-2014

Date

Pam Bone

Print Notary's Name



FORM 2: Contributions received by 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.
DO NOT LIST in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS <small>(ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)</small>	SOURCE OF CONTRIBUTION <small>(CHECK ONE)</small>					DATE CONTRIBUTION RECEIVED <small>(mo./day/yr.)</small>	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned		
TOTAL CASH CONTRIBUTIONS THIS PAGE								



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 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 REVISED 9.2.2011

