



# Candidate & Elected Official Campaign Finance Report SUMMARY FORM 1

THIS AREA FOR OFFICIAL USE ONLY

**FILED**

SEP 02 2014

BOBBY M. JUNKINS  
JUDGE OF PROBATE

Please Print in Ink or Type.

Name of Candidate or Elected Official <b>Michael J Head</b>		Political Party/Ballot Affiliation <b>Republican</b>	
Office Sought or Held (include district or circuit number, if applicable) <b>Etowah County Coroner</b>			
Address <input type="checkbox"/> Check box if reporting new address <b>305 Mistletoe Hollow Rd</b>			
City <b>Gadsden</b>	State <b>AL</b>	ZIP Code <b>35901</b>	Telephone Number <b>256-312 3811</b>

Type of Report (check one)

- Monthly  Amended Monthly  
 Weekly  Amended Weekly

For Monthly Reports  
Month in which the report is filed.

**August** 2014

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 6110.00
<b>Cash Contributions</b>			
2a	Itemized cash contributions (total from Form 2)	2a 0 0	
2b	Non-itemized cash contributions	2b 0 0	
2c	Total cash contributions (add lines 2a and 2b)		2c 0.00
<b>In-Kind Contributions</b>			
3a	Itemized in-kind contributions (total from Form 3)	3a 200 00	
3b	Non-itemized in-kind contributions	3b 0 0	
3c	Total in-kind contributions (add lines 3a and 3b)	3c 200 00	
<b>Receipts from Other Sources</b>			
4a	Itemized Receipts from Other Sources (total from Form 4)	4a 0 0	
4b	Non-itemized Receipts from Other Sources	4b 0 0	
4c	Total receipts from other sources (add lines 4a and 4b)		4c 0 00
<b>Expenditures</b>			
5a	Itemized expenditures (total from Form 5)	5a 30 00	
5b	Non-itemized expenditures	5b 0 0	
5c	Total expenditures (add lines 5a and 5b)		5c 30.00
6	Ending balance (add lines 1, 2c, & 4c, then subtract line 5c)		6 6080.00

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.

Michael J Head 9-2-14  
Signature of Candidate or Elected Official Date

Sworn to and subscribed before me this 2nd day of Sept. of the year 2014. My commission expires the 6th day of Jan of the year 2018.

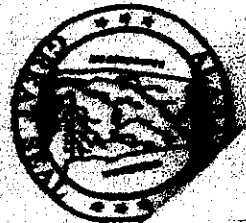
Teresa W Jones  
Signature of Notary Public

Teresa W Jones  
Print Notary's Name

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: Michael Hood



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	
<u>Patty Stallings</u>	<u>For Old 278 Hwy Hokes Bluff, AL</u>		<input checked="" type="checkbox"/>												<u>8/5/14</u>	<u>100.00</u>
<u>Melissa Danner</u>	<u>1050 N Colway, At Greenville, SC 29605</u>			<input checked="" type="checkbox"/>											<u>8/9/14</u>	<u>150.00</u>
<b>TOTAL IN-KIND CONTRIBUTIONS THIS PAGE</b>															<u>200.00</u>	

**FORM 5: Expenditures by candidate or elected official**

NAME OF CANDIDATE OR ELECTED OFFICIAL: Michael Head



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	Contribution	Food	Fundraising	Loan Repayment	Lodging			Transportation	OTHER GIVE BRIEF EXPLANATION
Shell Gas Food Mart	Hwy 97 and Rhythm East Road, Southside, AL									X	Debit	8/26/14	30.00
<b>TOTAL EXPENDITURES THIS PAGE</b>												30.00	